PHYSICAL CHARACTERISTICS OF THE RESIDENT RELIEF POPULATION

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC RELIEF
MINNEAPOLIS, MINNESOTA
1941

PHYSICAL CHARACTERISTIC

OF THE

RESIDENT RELIEF POPULATION

1934 - 1935

PAUL M. SEGNER

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Four major factors have made this study possible.

First - Was the allocation of money for assistance in the preparation of these data by the Work Projects Administration under O.P. #665-71-3-277-(3).

Second - Was the allocation of funds in the form of sponsor's contribution by the Board of Public Welfare, Minneapolis, Minnesota.

Third - Was the willingness of the Division of Public Relief to provide space, supplies and equipment, and to permit the use of their case records in the conduct of the study.

Fourth - Was the diligence with which the persons assigned by the Work Projects Administration carried out this work. Their interest and constructive criticisms are worthy of mention.

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Respectfully submitted by:

Paul M. Segner, Supervisor
Research and Statistics
Division of Public Relief

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INTRODUCTION

This is the fifth in a series of studies conducted by the Division of Public Relief of the City of Minneapolis in conjunction with the Work Projects Administration. The four previous studies have been published under the titles of "Minneapolis Unemployed", "Housing of the Relief Population in the City of Minneapolis", Supplementary Income of Resident Relief Population, Minneapolis, Minnesota", and "Case Load Changes During 1937".

The fifth study deals with the physical characteristics of the resident relief population.

The Clinic was manned by a staff of three doctors who were assisted by nurses, technicians, and clerks supplied from the relief rolls by Emergency Relief Program. Only ambulatory clients were examined. As a result the data is not comprehensive and does not indicate to the full extent the number of unemployable cases that were on relief at the time. Urine specimens were taken as a routine measure and sugar and albumin were run on each specimen. Blood samples for Wasserman's were taken only if a history of venereal disease was given by the client, or if the examination by the physician indicated that such serological tests should be run. Specialized laboratory work as well as x-ray examinations were available to the Clinic for diagnostic purposes upon referral to the regularly constituted health agencies in the City. Adequate quarters were available for the Clinic including examining rooms, dressing rooms, and some laboratory facilities as well as well-equipped quarters for the clerical staff.

In the process of making this study, certain social information taken from the regular case records of the Division of Public Relief has been combined with the findings of the Physical Examining Clinic. It should be borne in mind in evaluating this study that not all people examined were the head of the family from the standpoint of parental authority. However, in every instance they were the head of the family from an economic point of view. In other words, the person examined was the principal or most likely source of income. However, this does not mean that they were necessarily producing income for the family at the time of the examination.

PROCEDURE

The examination blanks used by the Clinic had been filed with the State Relief Administration. Through the courtesy of that agency we were able to obtain these source documents from which we could schedule the findings of the doctors on the individual cases. As was stated above, this material was combined with certain information taken from the regular case records of the Division of Public Relief. The information from both the medical schedule and the social case history were combined on a schedule, a copy of which is included in the appendix of this volume.

Under the guidance of Doctors Robert Caron, Paul Dwan, and J. S. Reynolds elaborate instructions and a system of classification of previous ailments, present complaints, and accidents was set up. The information was transferred to the schedules by statistical clerks and subsequently checked by more experienced persons, after which the schedules were edited. The information was punched into standard 80-column tabulating cards. After the cards had been punched and verified, a complete detail of the information included on the punch cards was listed on tapes on a standard alphabetic tabulator. These tapes were then again checked for inconsistencies in the transcription of information. At three points, namely: where the original checking was done, where the schedules were edited, and where the checking of the tapes was done, schedules which were in error were pulled out and sent back to the original transcriber. After they had been re-scheduled

and the necessary corrections made, they were again checked three times as described above.

Data was tabulated by the use of standard IBM counting sorters. From these tables the data was summarized into the tables appearing in this volume. Appendix volumes giving the detailed tables are available. The material presented in the attached manuscript was then prepared. It has been reviewed by competent medical men. The detailed instructions given to the people who were employed on the project are included in the appendix to this volume.

A further group of cases have been examined during the years of 1938, 1939, and 1940. A WPA project has been approved to summarize the findings of these more recent examinations. This study can well serve as a basis for comparison with the more recent data that will be summarized by the next project. It will be interesting to see what, if any, changes have occurred in the physical condition of the relief population in the intervening years.

SOURCE OF THE DATA

Under the State Emergency Relief Administration Program the Division of Public Relief operated a physical examining clinic patterned to some extent after the West Virginia system. The purpose of this project was twofold:

1. To protect the State and Federal Governments as employers from excessive and unjust claims for workman's compensation as well as to protect the client group from being assigned to work that they were not physically capable of performing.
2. To determine the occurrence of physical disability among the client group and as a corollary to this to determine the extent to which it was possible to increase the employability of the persons on relief by correcting their existing physical defects.

With the change-over that came when the FERA and SERA were abandoned and WPA was set up to take their place, the tabulation of information necessary to attain the second objective was not started. This tabulation of material has now been completed under the WPA program and is incorporated in this series of reports.

SUMMARY OF FINDINGS

1. From one-third to one-half of the cases examined received their first relief during the years of 1934 and 1935. Very few had received relief prior to 1930.

2. The number that applied because of disability was only about 8 per hundred. However, this rate was much higher for females than for males. It raised as high as 25 per hundred for the unattached females and as low as 6 per hundred for the family males.

3. The median age of all groups was 43 years. The median age of the males was only about one year higher than the females. However, the unattached groups showed a median age of approximately ten years higher than that of the corresponding family case group.

4. Approximately 76 per cent of the cases had been married at some time, although only about 55 per cent were currently living with their spouse.

5. 90 out of each one hundred cases examined were citizens. However, this ranged from 97 out of each hundred family females to 76 out of each hundred unattached males.

6. 73 out of each one hundred of the cases examined were native born, while 27 were foreign born. The highest rate of foreign born was reached among the unattached men where approximately 43 out of each hundred were foreign born.

7. Occupationally, the largest group of males were unskilled laborers--about 26 out of each one hundred falling in this category. Another 26 out of each one hundred were from the building industry. These two categories alone account for 52 out of each one hundred males on relief. Among the females, 51 out of each one hundred came from domestic and

personal service, while 23 out of each hundred had too little job experience to make classification possible.

8. The case load examined was predominantly of an urban background; about 83 out of each hundred had spent the majority of their life in urban communities.

9. The physician's employability classification indicated that about 36 out of each hundred were employable at any kind of work including heavy manual labor, and about 35 out of each hundred were employable on a restricted level; that is, they could not do any heavy work. Employability of the unattached women was lowest with a rate of only 16 per hundred.

10. Gastric intestinal ailments were not particularly significant since they were found in only 2 cases out of each hundred.

11. Ailments of the excretory system amounted to approximately one case per hundred.

12. 7 out of each 100 cases examined had some active rectal condition.

13. About 5 cases out of each hundred showed some abnormal condition of the urine; about evenly divided between sugar and albumin.

14. Ailments of the muscular system occurred in about 5 cases out of each 100 examined.

15. About 9 cases out of each hundred showed some type of hernia. While the presence of this condition is not necessarily disabling, most private industries will not accept for employment a person who has a hernia. Hence it becomes important in determining employability.

16. Far more significant in the form of disability is hypertension. Approximately 24 out of each one hundred cases examined showed an abnormally high blood pressure. Since this imposes definite limitations on the type of employment in which a person may engage, it is frequently a determining factor in the necessity of their receiving relief.

17. Out of 562 individuals diagnosed as tachycardia, only 4 showed a heart murmur. This one instance of murmur associated with tachycardia proves the unimportance of tachycardia in diagnosis.

18. Asthma and tuberculosis do not show a high incidence, but among the unattached females do reach a proportion of $3\frac{1}{2}$ per hundred.

19. Arrested and active tuberculosis each show a rate of approximately one per hundred.

20. There is considerable variation the the extent to which hearing is impaired. Among the unattached males and family females the rate is about 15 per hundred, while among the unattached females the rate is approximately 24 per hundred.

21. Males show a higher rate per hundred with small unaffected tonsils and a smaller rate of removed tonsils than do the females.

22. Plates are more common among females than among males. Approximately 49 per hundred showed major extractions, teeth in fair or poor condition, and no plates.

23. Family cases show from one third to one half more cases of good physique than do the unattached cases of comparable sex.

24. There were more cases of underweight than there were of normal weight or over-weight. In fact, the underweights equalled the other two categories

There is a greater tendency for overweight among the females than among the males.

25. Ailments of the reproductive system were only two-thirds as common among males as among females.

26. Females showed a higher rate of abnormalities of the extremities than did the males. However, amputations and deformities were more common among the males, and varicosities and abnormal foot conditions were more common among the females.

27. Ailments of the spine were higher among females than among males.

28. Ailments of the joints were more than twice as common among unattached females than they were among other groups.

29. Nervous and mental conditions were approximately three times as high among the females as among the males.

30. The data here on employment of "C" and "D" classifications subsequent to the time of examination probably reflects employment practices to a greater extent than it does physical condition.

31. The data on private employment probably also indicates employment practices to as great an extent as it does physical condition.

32. The percentage of males with normal vision is considerably higher than the per cent of females. Only about 25 out of each hundred cases examined had normal vision in both eyes. Snellen.

33. Heart ailments were more common among females than among males and more common among the unattached cases than among the family cases.

However, it should be borne in mind that the unattached cases had a higher median age than did the family cases.

34. There was considerable variation among the various groups in the blood pressure shown at the time of examination.

35. Major accidents resulting in injury to the client were more common among the males than among the females. Accidents seemed to be a larger contributing factor to dependency than is chronic disease.

36. There seems to be a fairly normal variation in height among the client group.

37. Listed in the order of frequency of their occurance the more significant ailments are:

    a. Abnormal eyesight
    b. Abnormal blood pressure
    c. Abnormalities of eyes, ears, nose, and throat other than vision
    d. Ailments of the extremities
    e. Hernias

38. 77 of each one hundred cases examined were advised to obtain some treatment. Most of these were advised to obtain medical care, although 2 of each hundred were advised to see a dentist and 19 per hundred were advised to see both a dentist and a physician.

39. 28.2% of the cases could not be located at the time the study was made. Of the remaining cases, 30.9% were home unemployed, 28.6% were employed, 21.9% were receiving Old Age Assistance, 9.5% were deceased, and 5.8% were at home disabled.

During the years of 1934 and 1935 the Division of Public Relief, in conjunction with the Federal Emergency Relief Administration and the State Emergency Relief Administration, operated in the City a clinic devoted to the examination of those persons who were on the relief rolls. The purposes of this clinic were two: (1) to protect the client from being assigned to work projects at jobs which they were physically incapable of doing; (2) to protect the various governmental units involved in the operation and financing of the work relief program from the costs of excessive injuries and consequent compensation that inevitably results from assigning people to jobs for which they are physically unsuitable.

With the advent of the WPA program, many pertinent questions began to be asked about the employability of persons on relief. This has been emphasized increasingly as the expanding defense program has made inroads on the labor supply. It was therefore decided that the Division of Public Relief, in conjunction with the WPA, should undertake a statistical summary and study of the findings of the clinic operated in 1934 and 1935. It was also decided in this connection that the clinic should be re-established, and in the fall of 1938 several physicians were hired by the Division of Public Relief, and with the aid of certain clerical assistance provided by the WPA a new series of examinations was started. Subsequently a project was submitted to Washington that would provide for the statistical summary of these more recent examinations.

The present study, then, is the first of two reports. This study covers the examinations given in 1934 and 1935. It will subsequently be supplemented by a study summarizing the findings of the Examining Clinic during 1938, 1939 and 1940.

The present study will appear in five sections. This, the first volume, consists of summary tables showing the physical condition of the four basic groups on relief; namely, the unattached or single cases divided according to sex, and the family cases divided according to the sex of the head. The four other sections are each devoted to one of these groups and gives somewhat more detailed findings than it would be possible to put into the summary volume.

The first few tables are devoted to certain basic social data which has certain implications as far as the subsequent medical data is concerned.

Perhaps one of the first considerations in any study involving relief recipients is the length of time that they have been known to the agency. For that reason, Table I indicates the year in which the cases received their first relief. It is apparent from a casual examination of this table that there are rather considerable differentials in the various categories of cases. For instance, 43 out of each one hundred cases examined received their first relief in 1934 or 1935 for the unattached men. Among the unattached women, this increased to 57 out of each one hundred cases, while in the family cases, it was much lower--36 out of each one hundred family males and 34 out of each one hundred family females who received their first relief during 1934 and 1935. The total shows that both the number and per cent of cases were very small who had received their first relief prior to 1930. In other words, the vast majority of cases examined had been on relief not more than four or five years at the time they were examined.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

YEAR EXAMINEE FIRST RECEIVED RELIEF
(Distribution in Per cent)

SUMMARY TABLES

TABLE I

YEAR	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
1935	21.1 1432	27.7 280	13.9 2049	13.6 325	16.2 3481	17.8 605	16.4 4086
1934	21.0 1469	29.1 294	22.0 3233	20.6 492	21.9 4702	23.1 786	22.0 5488
1933	14.9 1009	12.3 124	19.6 2880	21.0 503	18.1 3889	18.4 627	18.1 4516
1932	11.4 771	14.6 148	27.4 4021	22.3 533	22.3 4792	20.0 681	22.0 5473
1931	17.6 1192	9.1 92	6.5 962	6.8 162	10.0 2154	7.5 254	9.7 2408
1930	8.0 544	2.4 24	3.2 467	3.3 78	4.7 1011	3.0 102	4.5 1113
1929	1.3 88	0.7 7	1.3 193	1.5 36	1.3 281	1.3 43	1.3 324
1928	0.9 60	0.6 6	1.3 195	2.0 49	1.2 255	1.6 55	1.3 310
1927	0.6 42	0.2 2	1.2 176	2.0 49	1.0 218	1.5 51	1.1 269
1926	0.7 47	0.7 7	1.0 140	1.8 42	0.9 187	1.4 49	0.9 236
1925-1920	1.7 118	2.2 22	2.2 330	4.4 106	2.0 448	3.8 128	2.3 576
Prior to 1920	0.2 15	0.4 4	0.4 62	0.7 16	0.4 77	0.6 20	0.4 97
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

There is a significant difference shown in Table II in the reasons for the first opening of cases. Approximately 8 out of each one hundred unattached men first applied for relief because of disability of the head, while 25 out of each one hundred unattached women applied for this reason. The male heads of the families showed only 6 out of each one hundred applying because of disability, while the female heads of families showed 11 out of each one hundred cases applying because of disability of the head.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

REASON FOR FIRST RELIEF OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE II

REASON FOR FIRST RELIEF	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Disability of Head	7.7 524	24.7 249	5.9 860	11.2 267	6.4 1384	15.2 516	7.6 1900
Disability of Other Than Head			0.2 32	0.5 12	0.2 32	0.4 12	0.2 44
Socio-Economic of Head	92.3 6263	75.3 761	90.2 13273	82.6 1975	90.9 19536	80.4 2736	89.5 22272
Socio-Economic of Other Than Head			3.7 543	5.7 137	2.5 543	4.0 137	2.7 680
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

C.P. 665-71-3-277-(3)

The distribution of ages has been shown in Table III. Probably the most significant statement that could be made about this table is that the median age of the two unattached groups is almost exactly ten years higher than for the comparable family groups. The significance of this will be somewhat more apparent later in a discussion of specific ailments, notably hypertension heart conditions.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

AGE OF EXAMINEE AT TIME OF EXAMINATION, 1934-1935
(Distribution in Per cent)

SUMMARY TABLES

TABLE III

AGE IN YEARS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
15 - 19	0.3 10	0.6 6	2.0 301	1.9 164	1.5 319	4.9 170	2.0 489
20 - 24	2.6 175	4.3 43	8.5 1250	6.7 231	8.6 1425	8.1 274	8.8 1699
25 - 29	4.5 304	6.8 69	13.3 1965	10.6 253	10.6 2269	9.5 322	10.4 2591
30 - 34	6.5 441	7.0 71	13.4 1969	12.3 295	11.2 2410	10.8 366	11.1 2776
35 - 39	8.3 595	8.8 89	12.8 1888	15.8 372	11.6 2483	13.6 461	11.8 2944
40 - 44	11.3 767	10.3 104	12.8 1887	13.8 331	12.3 2654	12.8 435	12.4 3089
45 - 49	15.5 1056	12.7 128	11.9 1756	11.4 273	13.0 2812	11.8 401	12.9 3213
50 - 54	16.2 1101	12.8 130	9.4 1380	9.0 215	11.5 2481	10.1 345	11.3 2826
55 - 59	12.5 848	12.1 122	6.6 969	5.1 123	8.5 1817	7.2 245	8.3 2062
60 - 64	10.5 716	13.2 133	4.6 675	3.5 84	6.5 1391	6.4 217	6.5 1608
65+	11.3 766	11.4 115	4.7 668	2.1 50	6.7 1434	4.8 165	6.5 1619
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896
Median Age	50.4	49.8	39.9	38.4	43.5	42.4	43.0

O.P. 665-71-3-277-(3)

The marital status of the cases examined have been indicated in Table IV. The variation in the various groups is very marked in this table. Among the unattached males 61 out of each one hundred cases had never been married. Among the unattached women this dropped to 29 out of each one hundred cases. Among the family males 8 out of each one hundred had not been married, while 16 out of each one hundred family females had not been married. It is also interesting to observe that the relationship of the unmarried males to the unmarried females is reversed between the family cases and the unattached cases. However, this reversal relationship does not carry through to the other categories such as separated, divorced, widowed, and deserted.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

MARITAL STATUS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE IV

MARITAL STATUS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Single	61.3 4163	29.0 293	7.5 1103	16.2 386	24.5 5266	20.0 679	23.9 5945
Separated	12.6 854	14.7 148	0.7 110	20.2 482	4.5 964	18.5 630	6.4 1594
Divorced	12.0 814	18.9 191	0.6 84	17.7 424	4.2 898	18.1 615	6.1 1513
Widowed	14.0 947	34.3 347	2.1 303	17.5 419	5.8 1250	22.5 766	8.1 2016
Deserted	0.1 9	3.1 31	0.1 17	2.3 55	0.1 26	2.5 86	0.4 112
Abandoned				3.3 79		2.3 79	0.3 79
Married			89.0 13091	22.8 546	60.9 13091	16.1 546	54.8 13637
TOTAL	100. 6786	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The citizenship of the various groups has been indicated in Table V. Only 76 out of each one hundred cases among the unattached men were full citizens, whereas in the other three categories all showed more than 95 out of each one hundred cases. The unattached men show a markedly higher rate of non-citizenship--9 out of each one hundred--probably due to a more frequent contact with the courts. This group of unattached males also shows 15 out of each one hundred who were aliens.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CITIZENSHIP STATUS OF EXAMINEE
(Distribution in Percent)

SUMMARY TABLES

TABLE V

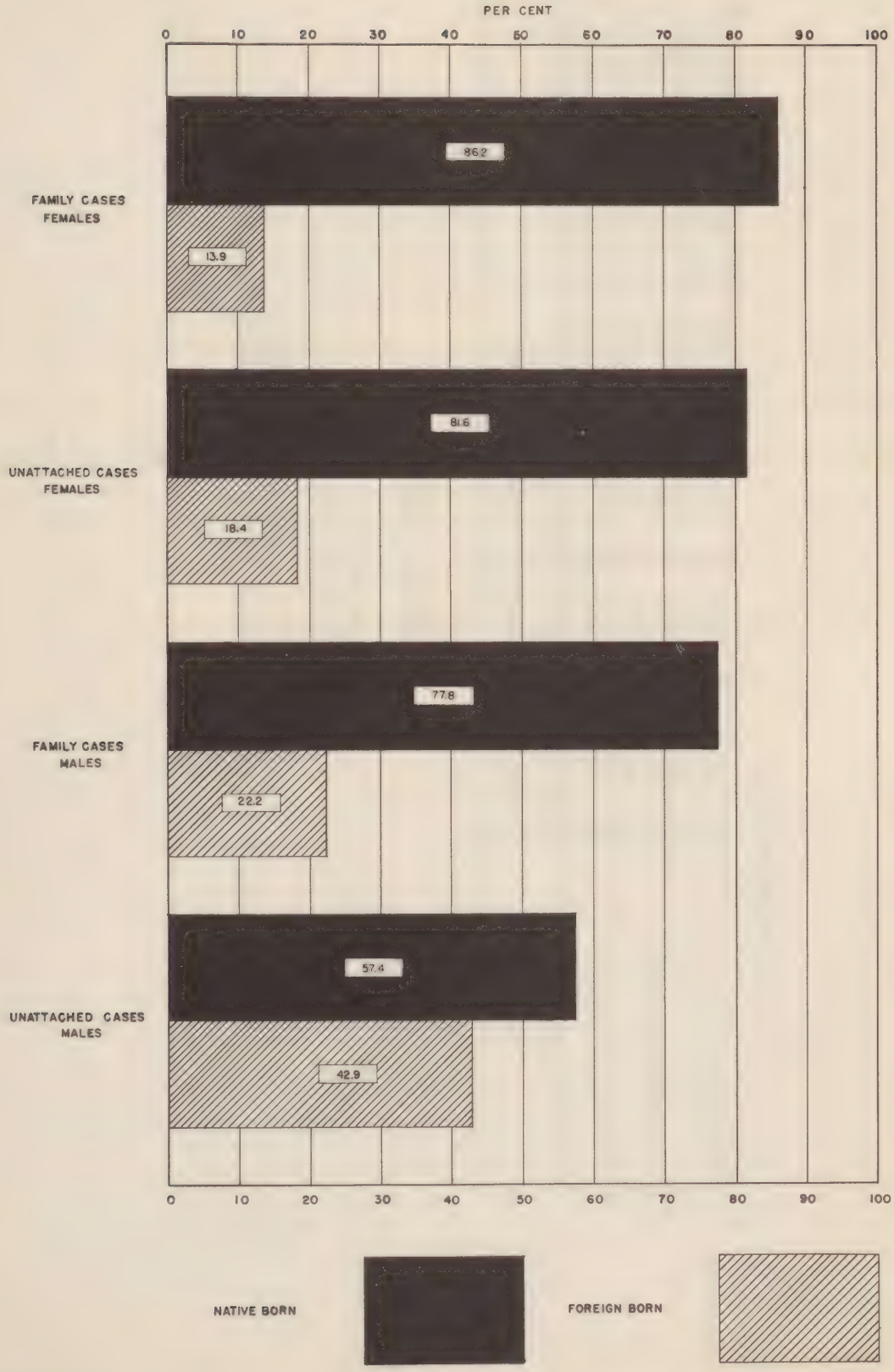
CITIZENSHIP	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Citizen	75.9 5152	96.3 973	94.5 13900	97.0 2318	88.6 19052	96.8 3291	89.7 22343
Non-Citizen	9.3 631	1.5 15	1.8 265	1.1 27	4.2 896	1.2 42	3.8 938
Alien	14.8 1004	2.2 22	3.7 538	1.9 46	7.2 1542	2.0 68	6.5 1610
Not Ascertained					* 5		
TOTAL	100. 6787	100. 1010	100. 14703	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) * Less than 0.05%

The nativity of the clients has been shown in Table VI. In both the family and unattached groups the females show a higher rate per hundred of native born than do the males, although the family females show approximately 5 more per hundred native born than do the unattached females. The family males show a rate of 21 per one hundred native born higher than the unattached males.

NATIVITY OF EXAMINEE

(PLATE NO. 1)



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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

NATIVITY OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE VI

NATIVITY	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Native Born	57.1 3876	81.6 825	77.8 11444	86.2 2058	71.3 15320	84.8 2883	73.1 18203
Foreign Born	42.9 2911	18.4 185	22.2 3264	13.9 333	28.7 6175	15.2 518	26.9 6693
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The distribution of the relief clientele among the various occupations has been shown in Table VII. This table reflects the extent to which the slump in the building industry has contributed to the relief load. Among the unattached males approximately 60 out of each one hundred are classed as unskilled laborers, skilled and foremen in building and construction, or semi-skilled in building and construction. Since a very high percentage of the unskilled is used in construction of one form or another, this is in reality almost entirely a reflection on the decline in construction work. Somewhat this same situation prevails among the family males where 48 out of each one hundred fall in the three categories mentioned above. Among the unattached females approximately 73 out of each one hundred came from either domestic and personal service pursuits or from the group classified as semi-skilled in manufacturing. Among the family females 56 out of each one hundred fell in the two categories mentioned above, while 29 out of each one hundred did not have sufficient work history to permit classification.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

USUAL OCCUPATION OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE VII

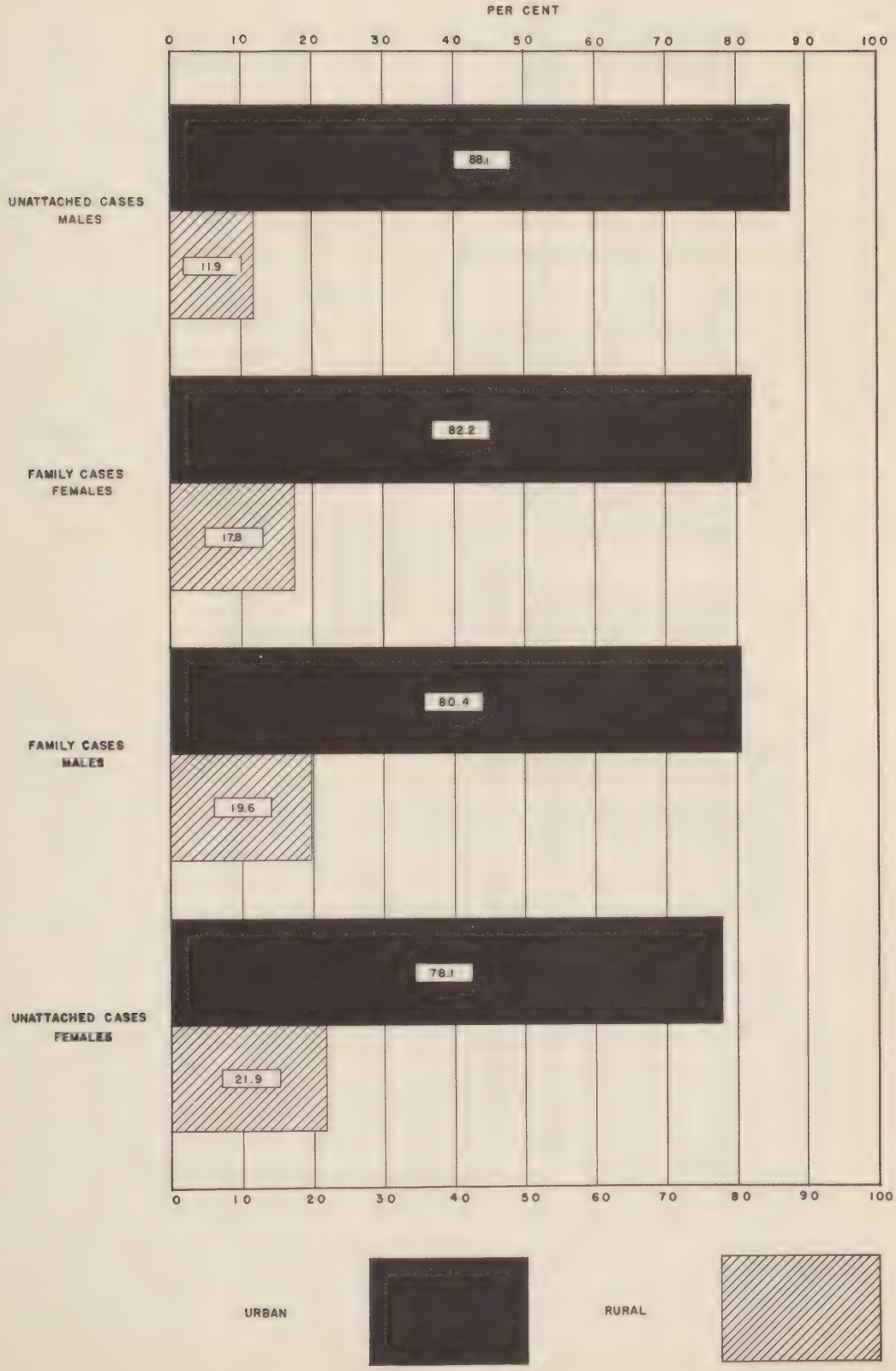
USUAL OCCUPATION	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Professional and Technical	1.1 73	3.5 35	1.7 253	1.9 45	1.5 326	2.4 80	1.6 406
Proprietors, Managers and Officials	1.1 74	0.6 6	2.4 358	0.4 9	2.0 432	0.4 15	1.8 447
Office Workers	3.3 223	7.1 72	4.3 628	6.7 160	4.0 851	6.8 232	4.4 1083
Salesmen and Kindred Workers	4.2 285	7.4 75	8.5 1249	5.6 135	7.1 1534	6.2 210	7.0 1744
Skilled & Foremen in Bldg. & Construction	13.6 922		20.7 3055		18.5 3977		16.0 3977
Skilled & Foremen in Manufacturing & Other	5.4 366	1.1 11	10.8 1587	0.7 17	9.1 1953	0.8 28	8.0 1981
Semi-skilled in Bldg. & Construction	6.1 413		8.1 1195		7.5 1608		6.5 1608
Semi-skilled in Manufacturing & Other	10.2 692	8.9 90	12.9 1893	9.8 235	12.0 2585	9.6 325	11.7 2910
Unskilled Laborers	40.4 2742		19.3 2833		25.9 5575		22.4 5575
Domestic and Personal Service	11.5 779	64.0 646	5.5 811	45.9 1098	7.4 1590	51.3 1744	13.4 3334
Farm Operators and Laborers	2.9 199		1.3 187		1.8 386		1.3 386
Inexperienced Persons	0.3 19	7.4 75	4.5 659	28.9 692	3.2 678	22.5 767	5.8 1445
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3041	100. 24836

O.P. 665-71-3-277-(3)

In Table VIII it has been shown the type of cultural area in which the various clients have lived the major portion of the time. In all categories the place of abode have been predominantly urban, the lowest ratio being 78 per hundred among the unattached females and ranging upward to 88 per hundred among the unattached males. Curiously enough, the urban ratio for the family females is more than 4 per hundred higher than for the unattached females, while this situation is reversed with the unattached males showing about 8 more per hundred than the family males. It is possible, of course, that this reflects the common practice of bringing rural girls and women into the City to serve as maids.

PLACE OF LONGEST RESIDENCE DURING LIFETIME OF EXAMINEE

(PLATE NO. 2)



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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

EXAMINEE'S PLACE OF LONGEST RESIDENCE DURING LIFETIME
(Distribution in Percent)

SUMMARY TABLES

TABLE VIII

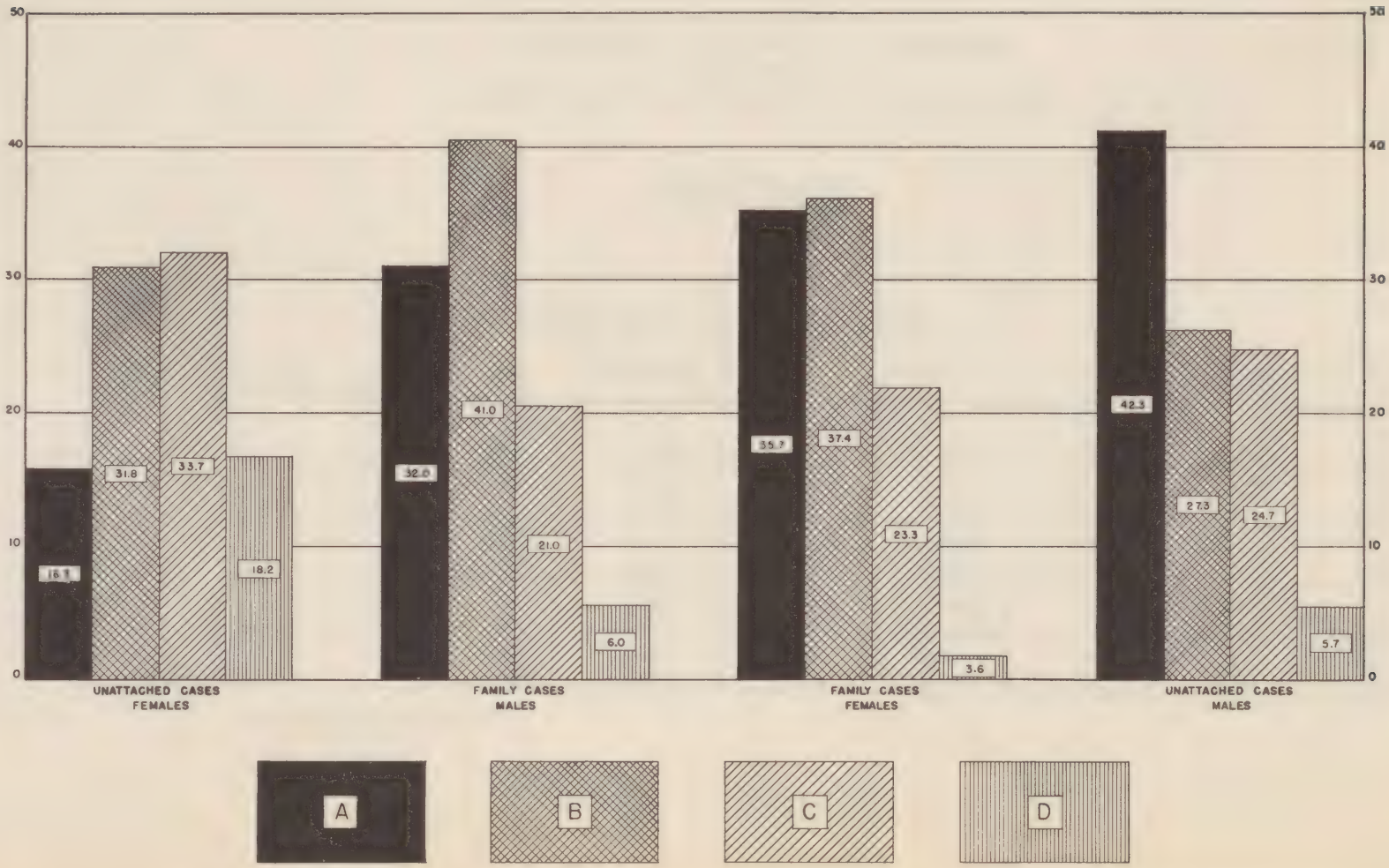
LONGEST RESIDENCE DURING LIFETIME	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Urban	88.1 5980	78.1 789	80.4 11819	82.2 1965	82.8 17799	81.0 2754	82.6 20553
Rural	11.9 807	21.9 221	19.6 2889	17.8 426	17.2 3696	19.0 647	17.4 4343
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The employability classification by the examining physicians has been indicated in Table IX. The least employable group are the unattached females showing only 16 per hundred in class "A"; that is, persons employable without limitation. Class "B" among the unattached women, or those with limited employability, show 32 per hundred. The family females show a rate of 32 per hundred in class "A" and 41 per hundred in class "B" which would indicate almost twice as high a rate of physical employability as the unattached women; however, most of the family women are needed in the home to care for minor dependents. The unattached males show a rate per hundred in class "A" of approximately 6 per hundred higher than the family males. However, they rate somewhat lower in class "B" and definitely higher in class "C" and "D" which stands to offset the apparent higher degree of employability indicated by the rate of 42 per hundred shown in class "A". In considering the group who are definitely physically unemployable, the unattached women hold by far the highest rank which is 52 out of each one hundred classified as "C" or "D". The family males and family females each show the same ratio of unemployability with 27 out of each one hundred cases unemployable because of physical reasons. The unattached males are slightly higher than the family cases with a rate of 31 per hundred definitely classed as unemployable.

PHYSICIAN'S EMPLOYABILITY CLASSIFICATION OF EXAMINEE

(PLATE NO. 3)



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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

PERCENTAGE DISTRIBUTION OF EXAMINEE
IN THE
PHYSICIAN'S EMPLOYABILITY CLASSIFICATION

SUMMARY TABLES

TABLE IX

CLASSIFICATION	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
A	42.3 2868	16.3 165	35.7 5262	32.0 765	37.9 8130	27.3 930	36.4 9060
B	27.3 1852	31.8 321	37.4 5501	41.0 980	34.2 7353	38.2 1301	34.8 8654
C	24.7 1679	33.7 340	23.3 3422	21.0 502	23.7 5101	24.8 842	23.8 5943
D	5.7 388	18.2 184	3.6 523	6.0 144	4.2 911	9.7 328	4.9 1239
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The active gastro-intestinal ailments found in the four categories have been shown in Table X. This type of ailment was most frequent among unattached women where 5 out of each one hundred cases were afflicted. 4 out of each one hundred family female cases showed active gastro-intestinal symptoms while only two out of each one hundred family males were so afflicted.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

ACTIVE GASTRO INTESTINAL AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUPPLY TABLES

TABLE X

GASTRO-INTES-TINAL SYSTEM AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Gastritis	0.2 13	1.3 13	0.5 74	1.0 23	0.4 87	1.1 36	0.5 123
Ulcer	0.4 30	0.6 6	0.9 134	0.4 9	0.8 164	0.5 15	0.7 179
Stomach Trouble Not Specified	0.3 22				0.1 22		0.1 22
Colitis	* 3	0.3 3	0.1 11	0.1 2	0.1 14	0.1 5	0.1 19
Cholecystis	* 3	1.0 10	0.1 16	0.9 22	0.1 19	1.0 32	0.2 51
Diabetis	0.1 5	1.1 11	0.5 30	0.8 18	0.4 85	0.9 29	0.4 114
Liver	* 1		* 5	* 1	* 6	* 1	* 7
Cancer		0.1 1	* 5		* 5	* 1	* 6
Adhesions		0.4 4	* 6	0.1 3	* 6	0.2 7	0.1 13
Ascites		0.1 1	* 1		* 1	* 1	* 2
Appendicitis			0.1 11	0.3 6	0.1 11	0.2 6	0.1 17
Other	0.1 5	0.1 1	* 6		0.1 11	* 1	0.1 12
NONE	98.8 6705	95.0 960	97.8 14359	96.5 2307	97.9 21064	96.0 3267	97.7 24331
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) * Less than 0.05%

Ailments of the excretory system, relatively uncommon, are indicated in Table XI. In no category did the rate per hundred amount to as much as 2.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

EXCRETORY SYSTEM AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XI

EXCRETORY SYSTEM AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
T. B. Kidney			*	*	*	*	*
			2	1	2	1	3
Nephritis	0.2	0.4	0.4	0.7	0.3	0.6	0.4
	15	4	60	17	75	21	96
Pyelitis		0.3	*	*	*	0.1	*
		3	3	1	3	4	7
Kidney Stone	0.1		*	0.1	0.1	0.1	0.1
	4		7	2	11	2	13
Ureteral Stone			*	0.1	*	0.1	*
			2	2	2	2	4
Cystitis	0.1	0.7	*	0.7	*	0.7	0.1
	4	7	5	17	9	24	33
Bladder Tumor			*	*	*	*	*
			1	1	1	1	2
Urethritis			*	*	*	*	*
			4	1	4	1	5
Stricture			0.1		0.1		0.1
			15		15		15
Nervous Bladder	0.4				0.2		0.1
	31				31		31
Kidney Removed	*				*		*
	1				1		1
Other	*	0.2	0.1	*	0.1	0.1	0.1
	1	2	11	1	12	3	15
Normal	99.2	98.4	99.4	98.2	99.2	98.3	99.1
	6731	994	14598	2348	21329	3342	24671
TOTAL	100.	100.	100.	100.	100.	100.	100.
	6787	1010	14708	2391	21495	3401	24896

* Less than 0.05%
O.P. 665-71-3-277-(3)

The rectal ailments indicated in Table XII were somewhat more common, reaching a rate of 8 per hundred among the family cases and among the unattached females. Among the unattached males this rate dropped to approximately 5 per hundred.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

ACTIVE RECTAL AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XII

ACTIVE RECTAL AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Hemorrhoids	5.3 359	7.3 74	7.7 1127	7.1 169	6.9 1486	7.1 243	7.0 1729
Prolapse	* 2		* 7		* 9		* 9
Fissure	* 2	0.1 1	* 1		* 3	* 1	* 4
Ulceration	* 2		* 4	0.1 3	* 6	0.1 3	* 9
Fistula	0.1 5		0.1 13	0.1 2	0.1 18	0.1 2	0.1 20
Other	* 1	0.3 3	0.1 11	0.3 7	0.1 12	0.3 10	0.1 22
NONE	94.6 6416	92.3 932	92.1 13545	92.4 2210	92.9 19961	92.4 3142	92.8 23103
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

* Less than 0.05%

Routine urine analyses were run on all of the examinees. The results of these tests have been shown in Table XIII. The analyses were run for sugar and albumin. Among the unattached females approximately 9 out of each one hundred showed positive findings on one or both of these two tests. Among the family females the rate was about 7 per hundred, while among the males, both family and unattached, the rate was about 4 per hundred. It may be significant, at least from a dietary point of view, that the two unattached groups showed an appreciably higher rate per hundred than did the family groups. We are inclined to suspect that unattached persons eating alone and frequenting restaurants are less careful of their diet than families.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

FINDINGS OF URINALYSIS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XIII

LABORATORY FINDINGS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Sugar - No Albumin	3.0 201	4.1 41	1.8 265	2.8 66	2.2 464	3.1 107	2.3 571
Sugar Plus Albumin	0.1 5	0.7 7	0.2 31	0.3 6	0.2 36	0.4 13	0.2 49
Albumin & No Sugar	1.1 74	3.3 53	2.0 299	3.7 88	1.7 373	4.1 141	2.1 514
NONE	95.8 6507	90.9 909	96.0 14115	93.3 2231	95.9 20622	92.3 3140	95.4 23762
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The muscular ailments found by the examining physicians have been analyzed in Table XIV. The unattached women showed the highest rate per hundred with approximately 7. The family females had the lowest rate of approximately 3 per hundred, with the two male groups falling between.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

MUSCULAR AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XIV

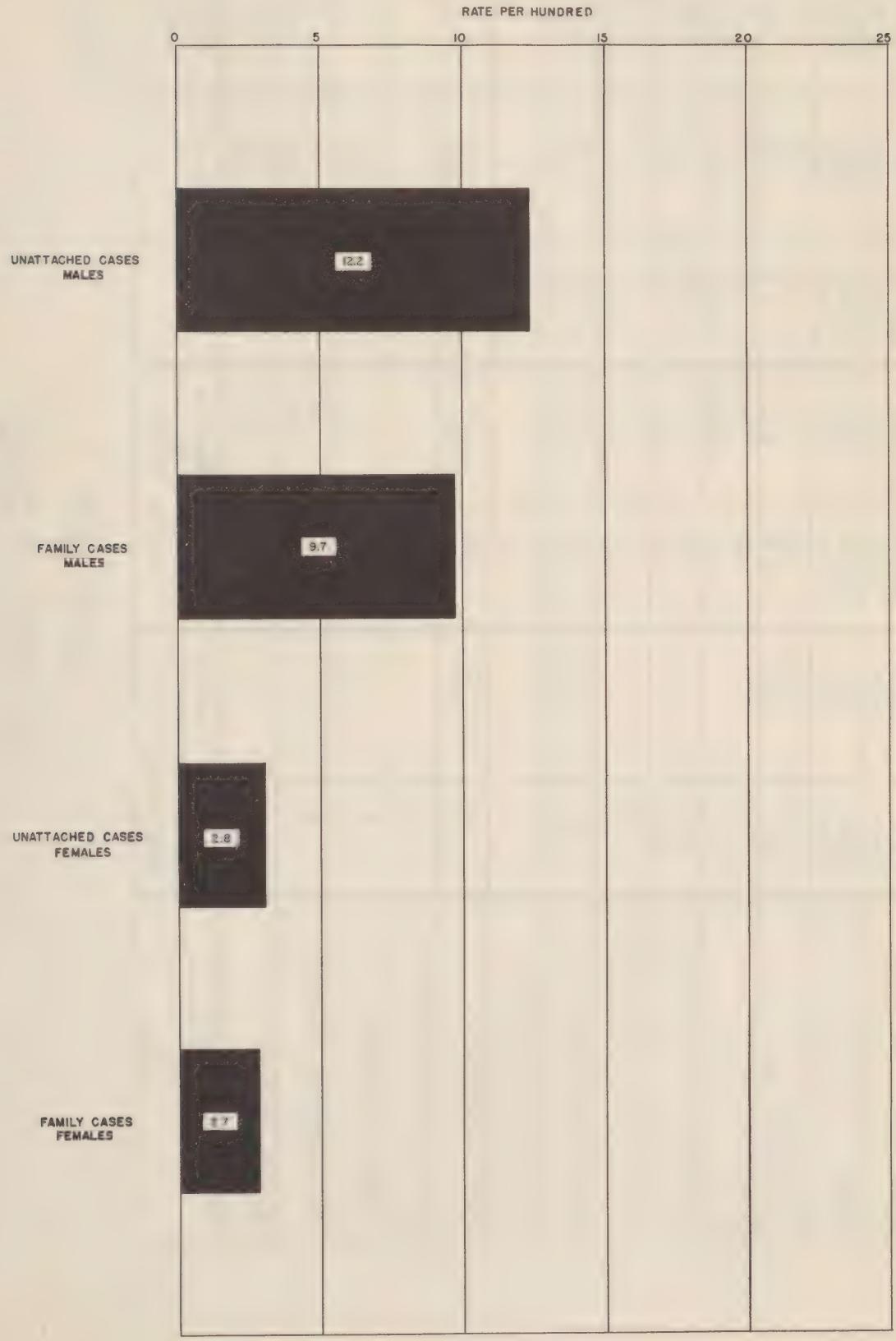
MUSCULAR AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Rheumatism	2.4 161	3.5 35	2.1 315	1.9 46	2.2 476	2.4 81	2.2 557
Myocitis	0.1 8	0.3 3	0.2 27	0.1 2	0.2 35	0.2 5	0.2 40
Atrophy	0.2 16		0.2 27	* 1	0.2 43	* 1	0.2 44
Post Traumatic Deformities	0.4 28	1.2 12	1.7 250	0.4 10	1.3 278	0.6 22	1.2 300
Congenital Deformities	0.2 12	1.1 11	0.3 49	0.5 11	0.3 61	0.6 22	0.3 83
Post Neurological Deformities	0.1 4	0.7 7	0.2 26	0.1 2	0.1 30	0.3 9	0.2 39
Contracture	0.1 8		0.1 13	* 1	0.1 21	* 1	0.1 22
Bursitis	* 1	0.2 2	0.1 20	0.2 4	0.1 21	0.2 6	0.1 27
Tendon Pathology	0.1 4		* 1		* 5		* 5
Other	* 2		* 1		* 3		* 3
NONE	96.4 6543	93.0 940	95.1 13979	96.8 2314	95.5 20522	95.7 3254	95.5 23776
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

* Less than 0.05%
O.P. 665-71-3-277-(3)

The incidence of hernias is indicated in Table XV. Both groups of females showed an incidence of less than 3 per hundred. The unattached males had the highest rate of approximately 12 per hundred, while the rate for the family males was slightly under 10. This would indicate, then, that hernias are much more common among the males than the females. A further interesting inference can be drawn from this Table; namely, that the simple inguinal hernia is the most prevalent type. The rate among the unattached men was 8 per hundred out of the total rate of 12, and the rate for the family males was $6\frac{1}{2}$ out of the total rate of approximately 10.

PROPORTION OF EXAMINEE'S HAVING UNREPAIRED HERNIA

(PLATE NO. 4)



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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

TYPES OF HERNIA OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XV

TYPES OF HERNIA	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Simple Inguinal	8.1 549	1.1 11	6.5 961	0.7 17	7.0 1510	0.8 28	6.2 1538
Incarcerated Inguinal	* 2		0.1 20	0.2 5	0.1 22	0.1 5	0.1 27
Simple Abdominal	* 1	0.2 2	0.1 8	0.1 2	* 9	0.1 4	0.1 13
Incarcerated Abdominal			* 3		* 3		* 3
Simple Femoral	0.1 9	0.2 2	0.1 15	0.2 4	0.1 24	0.2 6	0.1 30
Incarcerated Femoral			* 1		* 1		* 1
Simple Umbilical	1.2 79	0.3 3	0.8 122	0.5 11	0.9 201	0.4 14	0.9 215
Incarcerated Umbilical	* 2		0.1 9	0.1 2	0.1 11	0.1 2	0.1 13
Bilateral Inguinal	2.4 164		1.5 219	0.1 3	1.8 383	0.1 3	1.5 386
Epigastric	0.1 6		0.1 19	0.2 4	0.1 25	0.1 4	0.1 29
Incisional or Recurrent	0.3 19	0.9 9	0.4 62	0.7 17	0.4 81	0.8 26	0.4 107
NONE	87.8 5956	97.3 983	90.3 13269	97.2 2326	89.4 19225	97.3 3309	90.5 22534
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

* Less than 0.05%

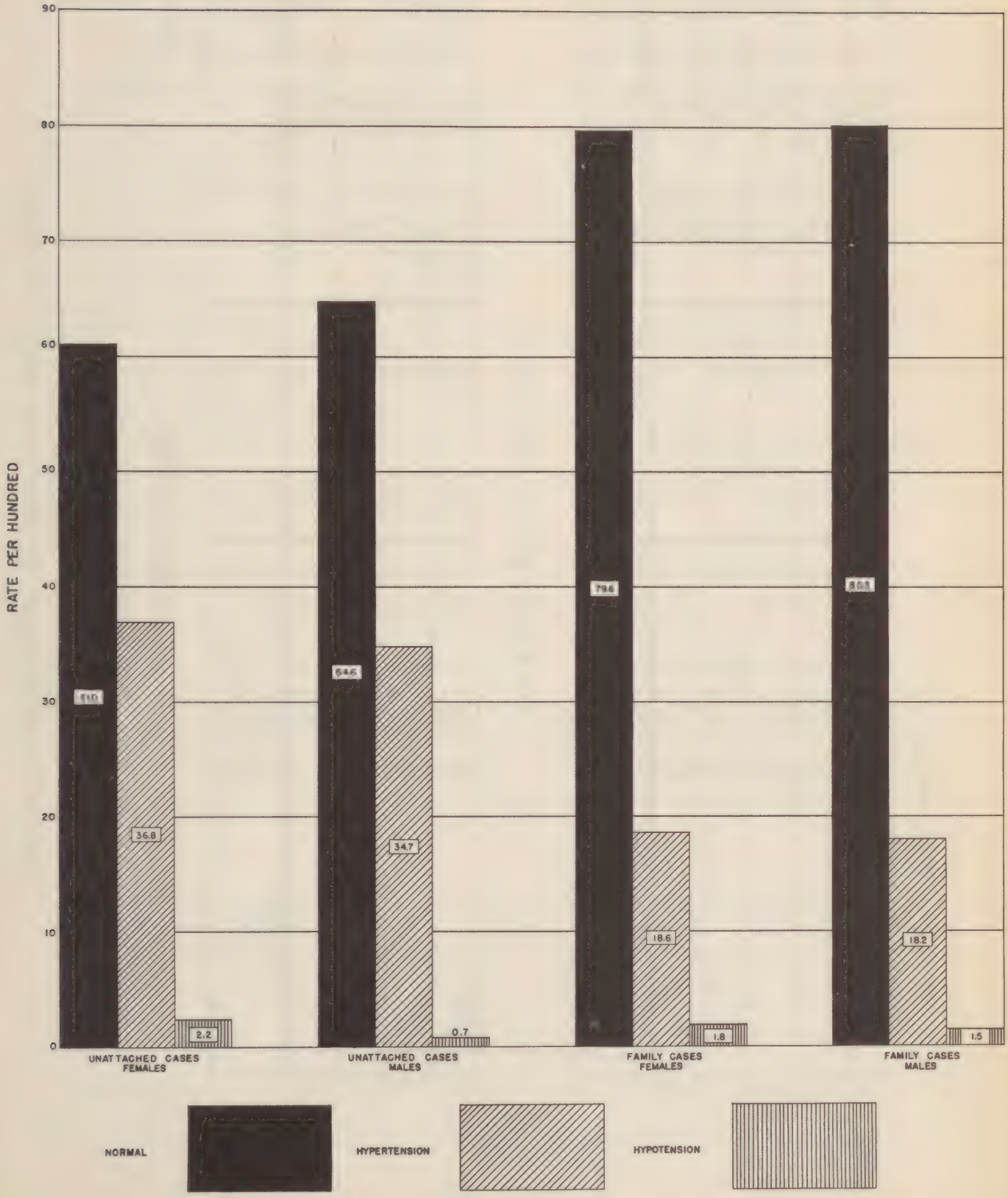
O.P. 665-71-3-277-(3)

Our experience in operating examining clinics for relief clients indicates that hypertension and other circulatory ailments are by far the most common type of disability. Table XVI indicates the extent to which abnormal blood pressure conditions exist. For the purposes of this study we have used the following breakdown:

For the age group up to 20 years of age, blood pressure of $\frac{120}{80}$ was considered normal. For the age group from 20 to 50 years, a maximum blood pressure of $\frac{140}{90}$ was considered normal. For the age group of over 50 years, blood pressure of $\frac{150}{90}$ was considered normal. Any systolic blood pressure over 150 was considered hypertension. Any systolic blood pressure under 100 was considered hypotension. Any diastolic blood pressure of over 90 was considered hypertension. A review of the literature on the subject of hypertension does not indicate any common acceptance of the exact point at which normal blood pressure leaves off and hypertension or hypotension begins. For those who are interested in more detail on this subject, a table is included, showing the variation in blood pressure by ten point intervals. We find from the upper portion on this Table that approximately 39 out of each one hundred unattached women on relief have abnormal blood pressure. Approximately 25 out of each one hundred unattached men likewise have this condition. There is no appreciable difference between the family men and family women. It would appear, then, that the method of living, that is, whether or not the individual is a part of a family or living alone, is more significant in this trait than is sex. In consideration of that subject, however, weight must be given to the information shown in the lower portion of this Table. Actually, the unattached females, who had the highest rate per hundred, likewise were older than the unattached males and considerably older than the family cases. Since hypertension, which is a predominant form of abnormality indicated in the upper portion of the Table, is known to occur more frequently among older people, the age of these groups must be considered.

BLOOD PRESSURE CONDITION OF EXAMINEE

(PLATE NO. 5)



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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE CONDITION OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XVI

BLOOD PRESSURE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Hypertension	34.7 2356	36.8 372	18.2 2671	18.6 445	23.4 5027	24.0 817	23.5 5844
Hypotension	0.7 45	2.2 22	1.5 217	1.8 44	1.2 262	1.9 66	1.3 328
Normal	64.6 4386	61.0 616	80.3 11820	79.6 1902	75.4 16206	74.1 2518	75.2 18724
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

AGE DISTRIBUTION OF HYPERTENSION

AGE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
15 - 24	1.6 39		9.0 240	7.2 32	5.5 279	3.9 32	5.3 311
25 - 44	18.8 442	15.3 57	36.5 976	32.3 144	28.2 1418	24.6 201	27.7 1619
45 - 64	61.0 1437	64.0 238	42.5 1135	53.5 238	51.2 2572	58.3 476	52.2 3048
65 & Over	18.6 438	20.7 77	12.0 320	7.0 31	15.1 758	13.2 108	14.8 866
TOTAL	100. 2356	100. 372	100. 2671	100. 445	100. 5027	100. 817	100. 5844

O.F. 665-71-3-277-(3)

The variation in the pulse rate is shown in Table XVII. This information in an isolated form is not particularly significant except because of the indicated variation.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

PULSE RATE OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XVII

PULSE RATE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
REGULAR:	0.6	0.4	1.5	0.9	1.2	0.7	1.2
Below 70	38	4	227	21	265	25	290
	33.5	21.6	31.1	26.1	31.9	24.8	30.9
70 - 79	2273	218	4575	624	6848	842	7690
	56.8	67.6	62.6	64.3	60.8	65.2	61.4
80 - 89	3854	683	9208	1536	13062	2219	15281
	4.9	5.7	2.8	5.6	3.4	5.6	3.8
90 - 99	334	58	405	133	739	191	930
	2.3	2.3	1.0	1.5	1.4	1.8	1.4
100 - 109	153	23	141	37	294	60	354
	1.3	1.6	0.7	1.0	0.9	1.2	0.9
110 & Over	91	16	99	24	190	40	230
IRREGULAR:	0.3	0.4	0.1	0.3	0.2	0.3	0.2
Below 70	19	4	19	6	38	10	48
	0.1	0.1	0.1	0.1	0.1	0.1	0.1
70 - 79	9	1	12	3	21	4	25
	0.1	0.1	0.1	0.2	0.2	0.2	0.1
80 - 89	9	1	11	5	20	6	26
	*	0.1	*	*	*	0.1	*
90 - 99	3	1	2	1	5	2	7
			*	*	*	*	*
100 - 109			3	1	3	1	4
	0.1	0.1	*		*	*	*
110 & Over	4	1	6		10	1	11
	100.	100.	100.	100.	100.	100.	100.
TOTAL	6787	1010	14708	2391	21495	3401	24896

* Less than 0.05%

O.P. 665-71-3-277-(3)

Table XVIII shows the distribution of lung ailments. The pathology shown here is not particularly significant except among the unattached females where the rate reaches about $3\frac{1}{2}$ per hundred. This is largely confined to two categories with a rate of about one per hundred having asthma and about one per hundred having tuberculosis.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

ACTIVE LUNG AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XVIII

LUNG AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Asthma	0.6 38	1.0 10	0.7 103	0.3 7	0.7 141	0.5 17	0.6 158
Bronchitis	0.9 58	0.3 3	0.8 118	1.0 23	0.8 176	0.8 26	0.8 202
Bronchiectasis	* 3		* 1		* 4		* 4
Empyema	* 3		* 2	* 1	* 5	* 1	* 6
Emphysema	* 1		* 5		* 6		* 6
Abscess	* 2				* 2		* 2
Pleurisy	0.1 9	0.2 2	0.2 28	0.3 6	0.2 37	0.2 8	0.2 45
Pneumonia	* 1		* 1		* 2		* 2
Tuberculosis	0.2 13	1.1 11	0.2 27	0.5 11	0.2 40	0.6 22	0.3 62
Rales		0.9 9	0.4 58	0.4 10	0.3 58	0.6 19	0.3 77
Others	* 1				* 1		* 1
NONE	98.1 6658	96.5 975	97.7 14365	97.6 2333	97.8 21023	97.5 3308	92.7 24331
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

* Less than 0.05%

Table XIX gives some further information about tuberculosis. Here again the unattached females are the outstanding group. The rate per hundred for those having healed tuberculosis lesions is slightly larger than the rate per hundred of active cases which is approximately one.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

TUBERCULOSIS HISTORY OF EXAMINEE
(Distribution in Per Cent)

SUMMARY TABLES

TABLE XIX

DIAGNOSIS OF TUBERCULOSIS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Active	0.2 13	1.1 11	0.2 29	0.5 11	0.2 42	0.6 22	0.3 64
Healed	0.4 24	1.2 12	0.4 58	1.0 24	0.4 82	1.1 36	0.5 118
No T.B. History	99.4 6750	96.7 987	99.4 14621	98.5 2356	99.4 21371	98.3 3343	99.2 24714
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The extent to which hearing is impaired is shown in Table XX. The highest rate is again among the unattached females where approximately 24 out of each hundred showed some impairment. The family males have the next highest rate of about 19 per hundred, while the unattached males and the family females showed almost identical rates of approximately 15 per hundred. Age is a factor in this condition. This should be borne in mind, but it is obviously not the determining factor since the unattached males with a lower rate per hundred than the family males actually have a higher median age. (Tested by oral conversation at a distance.)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EARS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE IX

CONDITION OF EARS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Right Impaired	1.8 125	5.4 55	4.3 627	4.4 106	3.5 752	4.7 161	3.7 913
Left Impaired	2.9 201	6.2 63	6.1 901	5.0 119	5.1 1102	5.4 182	5.2 1284
Right Deaf	0.5 31	1.0 10	0.3 46	0.3 7	0.4 77	0.5 17	0.4 94
Left Deaf	0.7 46	0.3 3	0.3 47	0.4 10	0.4 93	0.4 13	0.4 106
Both Impaired	9.0 909	10.5 106	8.1 1190	5.1 123	8.4 1799	6.7 229	8.1 2028
Both Deaf	0.2 15	0.1 1	0.1 14	* 1	0.1 29	0.1 2	0.1 31
Both Good	84.9 5760	76.5 772	80.8 11883	84.8 2025	82.1 17643	82.2 2797	82.1 20440
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

* Less than 0.05%

Table XXI shows the condition of tonsils. There apparently is some sex difference in the frequency of occurrence of this ailment, since the males show a higher rate per hundred with small, unaffected tonsils, and likewise a smaller rate per hundred whose tonsils had been removed. Tonsil enlargement, infection, and removal seemed to be more common among the family cases than among the unattached persons, since the rate per hundred in each instance is higher for the families than for the unattached cases.

PHYSICAL CHARACTERISTICS OF HENNEPIN CO. RELIEF POPULATION
MINNEAPOLIS, MINNESOTA - 1934-1936

CONDITION OF TONSILS OF EXAMINEE
(Distribution in Percent)

SUMMARY TABLES

TABLE XXI

CONDITION OF TONSILS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Small	87.7 5953	79.8 806	75.5 11094	71.0 1697	79.3 17047	73.6 2503	78.5 19550
Large	3.4 230	2.5 25	5.0 735	4.5 109	4.5 965	3.9 134	4.5 1099
Infected	3.7 249	3.1 31	4.8 708	4.2 100	4.5 957	3.9 131	4.4 1088
Removed	4.9 334	13.4 136	13.3 1956	18.7 447	10.7 2290	17.1 583	11.5 2873
Slight Recurrent	0.2 15	1.2 12	1.4 207	1.6 38	1.0 222	1.5 50	1.1 272
Moderate Recurrent	0.1 5		* 5		* 10		* 10
Severe Recurrent	* 1		* 3		* 4		* 4
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

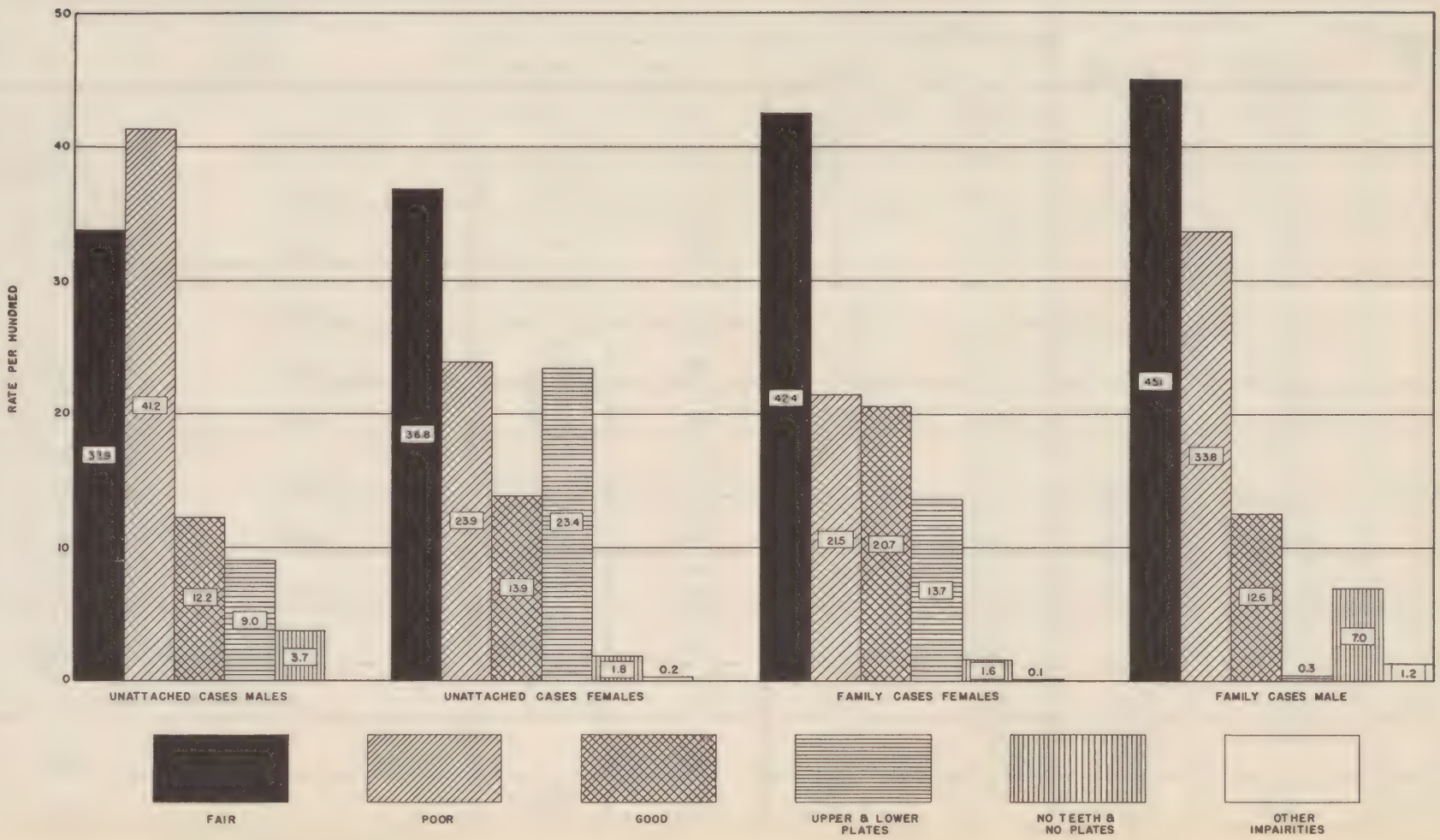
C.F. 635-71-3-277-(3)

* Less than 0.05%

Table XXII shows the condition of teeth among the examinees. The rate per hundred of those having plates, both partial and full-mouth, ran considerably higher among the females than among the males. There was also a difference between the family cases and the unattached cases. The unattached cases showed a higher rate of break-down and more plates. It is perhaps significant, considering the total number of cases examined, that approximately 49 per hundred of the cases showed major extractions, teeth in fair or poor condition, and no plates. This would seem to indicate that we still have a long ways to go in achieving anything like adequate dental care.

CONDITION OF EXAMINEE'S TEETH

(PLATE NO. 6)



DEPARTMENT OF PUBLIC WELFARE-DIVISION OF PUBLIC RELIEF
PREPARED WITH THE ASSISTANCE OF
WORKS PROGRESS ADMINISTRATION O.P. NO. 665-71-3-277(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF TEETH OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXII

CONDITION OF TEETH		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
		Males	Females	Males	Females			
No Plates & No Major Extractions Natural Teeth Condition	Good	4.5 308	8.3 84	8.2 1210	14.5 347	7.1 1518	12.7 431	7.8 1949
	Fair	4.4 300	7.6 77	20.1 2951	17.8 425	15.1 3251	14.8 502	15.1 3753
	Poor	1.1 74	1.6 16	5.2 771	4.9 116	3.9 845	3.9 132	3.9 977
One Plate-Natural Teeth Condition	Good	0.2 15	0.8 8	0.4 58	0.7 17	0.3 73	0.7 25	0.4 98
	Fair	1.8 124	8.9 90	2.9 429	7.8 186	2.6 553	8.1 276	3.3 829
	Poor	4.1 280	8.0 81	4.3 633	6.6 158	4.3 913	7.0 239	4.6 1152
No Plates & Major Extractions - Natural Teeth Condition	Good	7.5 512	4.8 48	4.0 589	5.5 133	5.1 1101	5.3 181	5.2 1282
	Fair	27.7 1874	20.3 205	22.1 3258	16.8 401	23.9 5132	17.8 606	23.0 5738
	Poor	36.0 2440	14.3 144	24.3 3572	10.0 239	28.0 6012	11.3 383	25.7 6395
Upper & Lower Plates		9.0 610	23.4 237	0.3 39	13.7 328	3.0 649	16.6 565	4.9 1214
No Teeth & No Plates		3.7 250	1.8 18	7.0 1025	1.6 38	5.9 1275	1.6 56	5.4 1331
Other			0.2 2	1.2 173	0.1 3	0.8 173	0.2 5	0.7 178
TOTAL		100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

Table XXIII gives a loose classification of five categories made by the examining physician to indicate the general physical appearance of the client. The sex differentail here is probably not significant; however, the difference between family cases and unattached cases in the same sex is extremely interesting, the family cases showing from a third to a half more cases with good physique than the unattached cases.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

PHYSIQUE OF EXAMINEE
(Distribution in Percent)

SUMMARY TABLES

TABLE XXIII

PHYSIQUE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Good	52.0 3528	51.5 521	74.6 10982	67.8 1620	67.5 14510	62.9 2141	66.9 16651
Fair	40.0 2715	40.3 407	23.5 3453	29.2 697	28.7 6168	32.5 1104	29.2 7272
Anemic	0.1 8	3.0 30	0.8 116	0.7 17	0.6 124	1.4 47	0.7 171
Poor	7.8 529	4.9 49	0.9 126	2.2 54	3.0 655	3.0 103	3.0 758
Emaciated	0.1 7	0.3 3	0.2 31	0.1 3	0.2 38	0.2 6	0.2 44
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

Table XXIV shows the deviation from normal weight of the various clients expressed in per cent. The fact that only 21 out of each hundred were of normal weight may be significant. Another outstanding observation that can be made concerning this Table is the fact that 50 out of each hundred were underweight, whereas only 29 out of each hundred were overweight. It is likewise apparent from this Table that the females show a greater tendency to overweight than do the males. This tendency on the part of the females to show a higher rate of overweight is balanced, of course, by the fact that the males showed a somewhat higher rate of underweight. The mode of living apparently is a factor considering the weight ratio, since the unattached cases showed a greater tendency toward underweight than did the family cases of comparable sex.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

WEIGHT OF EXAMINEE
(Distribution in Percent)

SUMMARY TABLES

TABLE XXIV

WEIGHT OF EXAMINEE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Normal	19.9 1351	19.2 194	21.3 3137	18.9 452	20.9 4488	19.0 646	20.6 5134
10% Over	17.9 1217	14.6 147	18.1 2664	16.8 401	18.1 3881	16.1 548	17.8 4429
20% "	4.6 311	10.2 103	6.8 995	8.4 201	6.1 1306	8.9 304	6.5 1610
30% "	1.5 99	6.5 66	2.7 402	5.3 127	2.3 501	5.7 193	2.8 694
40% "	0.7 48	7.9 80	1.5 219	7.6 183	1.2 267	7.7 263	2.1 530
10% Under	40.2 2730	21.8 220	35.3 5186	24.9 596	36.8 7916	24.0 816	35.1 8732
20% "	13.3 903	13.3 134	12.3 1806	13.2 315	12.6 2709	13.2 449	12.7 3158
30% "	1.8 123	6.0 61	1.8 271	4.6 109	1.8 394	5.0 170	2.2 564
40% "	0.1 5	0.5 5	0.2 28	0.3 7	0.2 33	0.4 12	0.2 45
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

The ailments of the reproductive system are shown in Table XXV. The significant difference here seemed to be largely on a sex basis with the rate somewhat higher for the females than for the males. The rate for the males was approximately 4 per hundred, whereas that for the females was approximately 6 per hundred.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

REPRODUCTIVE SYSTEM AILMENTS OF EXAMINEE
(Distribution in Per cent)

TABLE XXV

REPRODUCTIVE SYSTEM AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Prostatitis	0.2 15		0.3 43		0.3 58		0.2 58
Menopause		1.3 13		1.5 36		1.4 49	0.2 49
Chancre	* 1		* 4		* 5		* 5
Epididymitia	0.1 4		0.1 16		0.1 20		0.1 20
Testicle Removed	0.1 6				* 6		* 6
Varicocele	1.3 80		2.1 315		1.8 395		1.6 395
Hydrocele	0.8 56		0.6 90		0.7 146		0.6 146
Undecended Testicle	0.1 10				0.1 10		* 10
Enlarged Testicle	0.1 10				0.1 10		* 10
Pelvic Organ Pathology		3.1 31	* 2	3.8 90	* 2	3.6 121	0.5 123
Atrophied Testicles			0.4 60		0.3 60		0.2 60
Gonorrhea	0.6 41	1.3 13	0.4 57	0.3 8	0.5 98	0.8 21	0.5 119

* Less than 0.05%

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

REPRODUCTIVE SYSTEM AILMENTS OF EXAMINEE (Cont'd)
(Distribution in Percent)

SUMMARY TABLES

TABLE XXV

REPRODUCTIVE SYSTEM AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Leucorrhea				0.3 6		0.2 6	* 6
Other	0.1 5		0.1 7	* 1	0.1 12	* 1	0.1 13
NONE	96.6 6559	94.3 953	96.0 14114	94.1 2250	96.1 20673	94.1 3203	95.9 23876
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

C.P. 665-71-3-277-(3)

* Less than 0.05%

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1938

PRESENT DISEASES OF EXAMINEE
(Distribution in Percent)

SUMMARY TABLES

TABLE XXV A

PRESENT DISEASES	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Syphilis	2.0 139	2.0 20	0.5 75	0.8 20	1.0 214	1.1 40	1.0 254
Gonorrhea	0.5 36	1.3 13	0.4 54	0.3 7	0.4 90	0.6 20	0.5 110
Syphilis & Gonorrhea	0.1 4	0.1 1	* 2	* 1	* 6	0.1 2	* 8
NONE	97.4 6608	96.6 976	99.1 14577	98.8 2363	98.6 21185	98.2 3339	98.5 24524
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

* Less than 0.05%

Table XXVI shows the condition of extremities. The sex difference here is quite noticeable. Only about 11 per hundred of the males showed abnormal conditions in extremities, whereas about 18 per hundred of the females showed such abnormalities. Amputations and deformities are more common among the males than among the females, whereas varicosities, flat feet, and broken arches are more common among the females. The unattached males showed somewhat higher rates of deformities and varicosities than did the family males.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EXTREMITIES OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXVI

CONDITION OF EXTREMITIES	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Hand and Foot Amputation	0.3 19	0.2 2	0.6 86	0.1 2	0.5 105	0.1 4	0.4 109
Arm Amputation	0.2 17		0.1 14		0.1 31		0.1 31
Leg Amputation	0.7 47	0.1 1	0.2 31	0.1 2	0.4 78	0.1 3	0.3 81
Arm Paralysis	0.1 8	0.1 1	0.1 8	0.1 2	0.1 16	0.1 3	0.1 19
Leg Paralysis	0.2 17	0.6 6	0.1 10	0.2 5	0.1 27	0.3 11	0.2 38
Hand and Arm Deformity	1.1 74	0.8 8	0.7 99	0.4 9	0.8 173	0.5 17	0.8 190
Foot and Leg Deformity	1.3 85	0.6 6	0.7 96	0.5 12	0.8 181	0.5 18	0.8 199
Varicose Veins	8.8 598	13.1 132	7.2 1063	15.3 367	7.7 1661	14.7 499	8.7 2160
Flat Feet and Broken Arches	0.3 18	1.3 13	0.8 127	1.2 28	0.7 145	1.2 41	0.7 186
Osteomyelitis			* 4	0.1 2	* 4	0.1 2	* 6
Other	0.1 4	0.1 1	0.1 12		0.1 16	* 1	0.1 17
NONE	86.9 5900	83.1 840	89.4 13158	82.0 1962	88.7 19058	82.4 2802	87.8 21860
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) *Less than 0.05%

Table XXVII shows spinal ailments. Here again the rate was considerably higher among the females than among the males. There is an interesting inversion of the data when the living condition is taken into consideration. The unattached men showed a lower rate in spinal ailments than the family men, whereas the unattached women showed a higher rate than the family women.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

SPINAL AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXVII

SPINAL AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Kyphosis	0.6 41	0.5 5	0.3 37	0.1 3	0.4 78	0.2 8	0.3 86
Lordosis	* 2	0.1 1	* 3		* 5	* 1	* 6
Postural Scoliosis	* 1		0.1 12	* 1	0.1 13	* 1	0.1 14
Structural Scoliosis	0.1 4	0.1 1	* 3	0.1 2	* 7	0.1 3	* 10
Limited Motion	0.1 9	0.1 1	* 2		0.1 11	* 1	* 12
Arthritis of Spine	0.1 7	0.5 5	0.2 30	0.1 3	0.2 37	0.2 3	0.2 40
Ankylosis	* 2	0.1 1	0.1 11	* 1	0.1 13	0.1 2	0.1 15
Tenderness Upon Examination	0.1 10		* 4		0.1 14		0.1 14
Weak Back	0.5 35	0.4 4	0.1 18	0.4 9	0.2 53	0.4 13	0.3 66
Back Strain	0.1 4	9.1 92	3.5 512	7.4 177	2.4 516	8.0 269	3.2 785
Other	* 3	0.2 2	* 4	* 1	* 7	0.1 3	* 10
NONE	98.4 6669	88.9 898	95.7 14072	91.8 2194	96.4 20741	90.9 3092	95.7 23833
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) *Less than 0.05%

The conditions affecting joints shown in Table XXVIII indicate only a minor variation between the sexes. However, the frequency of these conditions among the unattached females is significant. The rate for the unattached females was more than twice as high as any of the other groups.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF JOINTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXVIII

CONDITION OF JOINTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Limited Motion	0.2 16	0.1 1	* 5		0.1 21	* 1	0.1 22
Stiff Hand	0.1 9		0.1 22	0.1 3	0.2 31	0.1 3	0.1 34
Stiff Wrist	0.2 12	0.2 2	0.1 17	* 1	0.1 29	0.1 3	0.1 32
Stiff Elbow	0.4 29	0.3 3	0.6 88	0.3 6	0.5 117	0.3 9	0.5 126
Stiff Knee	0.4 27	0.5 5	0.3 48	0.5 11	0.4 75	0.5 16	0.4 91
Stiff Ankles	0.2 16	0.2 2	0.2 32		0.2 48	0.1 2	0.2 50
Stiff Shoulder	0.3 20	0.5 5	0.2 25	0.1 2	0.2 45	0.2 7	0.2 52
Stiff Hips	0.1 9	0.3 3	0.2 29	0.1 2	0.2 38	0.1 5	0.2 43
Arthritis	1.6 105	6.8 68	1.3 181	2.8 66	1.3 286	3.9 134	1.7 420
Other	* 1		* 2	* 1	* 3	* 1	* 4
NONE	96.5 6543	91.1 921	97.0 14259	96.1 2299	96.8 20802	94.7 3220	96.5 24022
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

* Less than 0.05%

O. P. 665-71-3-277-(3)

Table XXIX indicates the distribution of nervous and mental conditions. This Table indicates that there is a significant difference between the sexes in the instance of nervous and mental disease. The rate was approximately three times as high for the females as for the males. This was reasonably consistent among both the unattached and the family cases, although the rate for the unattached females was somewhat higher than for the family females.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

NERVOUS AND MENTAL DISEASES
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXIX

NERVOUS AND MENTAL CONDITION	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
General Paresis		0.1 1	* 2	0.1 2	* 2	0.1 3	* 5
Tabes	0.1 6	0.3 3	0.1 8		0.1 14	0.1 3	0.1 17
Epilepsy	0.1 9	0.6 6	0.1 18	0.2 5	0.1 27	0.3 11	0.2 38
Parkinson's Disease	0.3 20	0.3 3	0.3 37	0.2 5	0.3 57	0.3 8	0.3 65
Paralysis	0.1 7	0.2 2	0.1 3	0.2 5	0.1 10	0.2 7	0.1 23
Severe Nervousness	0.3 21	3.2 32	0.7 101	3.4 81	0.6 122	3.3 113	0.9 235
Psychosis	* 3	0.2 2	0.1 11	0.1 2	0.1 14	0.1 4	0.1 18
Dementia Precox			* 2	* ;	* 2	* 1	* 3
Neuritis	0.2 15	1.0 10	0.3 40	0.6 14	0.2 55	0.7 24	0.3 79
Senile		0.9 9	0.2 34	0.3 7	0.1 34	0.5 16	0.2 50
Tremor	0.3 18				0.1 18		0.1 18
Other	0.1 9	0.1 1	0.1 12	0.1 2	0.1 21	0.1 3	0.1 24
NORMAL	98.5 6679	93.1 941	98.0 14434	94.8 2267	98.2 21113	94.3 3208	97.6 24321
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

*Less than 0.05%

Table XXX shows the number of months employed on the work program within the year subsequent to the date of the physical examination. This table covers only the "C" and "D" classifications shown in Table IX. There is a sex difference in the median number of months employed, with the males showing a median of 5.8 per cent and the females showing a median of 4.5 per cent. There is also a difference between the family and the unattached cases, with the family males showing a median approximately double to that of the unattached males, whereas the unattached females vary only slightly from the median for the family females. These medians probably reflect to a large extent the employment practice of the work program more than they do the physical condition of the client. On every work program so far planned there have been greater opportunities for males than for females and there has been definite discrimination against the unattached males in favor of the family males.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

NUMBER OF MONTHS EXAMINEE WAS EMPLOYED ON WPA/ERA WITHIN
THE YEAR SUBSEQUENT TO DATE OF PHYSICAL EXAMINATION
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXX
C & D Classification Only

MONTHS EMPLOYED	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
1	161	23	166	17	327	40	367
2	224	21	152	23	376	44	420
3	176	21	200	24	376	45	421
4	81	11	207	24	288	35	323
5	82	13	189	17	271	30	301
6	63	9	183	9	246	18	264
7	98	14	214	15	312	29	341
8	122	15	275	10	397	25	422
9	88	14	231	20	319	34	353
10	57	9	236	16	293	25	318
11	3	5	176	14	179	19	198
12	3	1	265	13	268	14	282

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

NUMBER OF MONTHS EXAMINEE WAS EMPLOYED ON WPA/ERA WITHIN (Cont'd)
THE YEAR SUBSEQUENT TO DATE OF PHYSICAL EXAMINATION
(Distribution in Percent)

SUMMARY TABLES

TABLE XXX

C&D Classification Only

MONTHS EMPLOYED	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
TOTAL	56.0 1158	29.8 156	63.2 2492	31.3 202	60.7 3650	30.6 358	55.8 4008
NONE	44.0 909	70.2 368	36.8 1453	68.7 444	39.3 2362	69.4 812	44.2 3174
TOTAL	100. 2067	100. 524	100. 3945	100. 646	100. 6012	100. 1170	100. 7182
Median Months Employed	3.2	4.2	6.7	4.8	5.8	4.5	5.7

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Table XXXI shows the same information as Table XXX except that it covers private employment rather than employment on a work program. Here the sex differential is more acute, with the males showing a median number of months of employment almost twice as high as the females. There is a distinct variation, too, between the family cases and the unattached cases. The unattached males showed a median number of months of employment of 3.7 per cent as compared with 6.8 per cent for the family males. This differential is apparent to a lesser extent among the females where the unattached females showed a median of 3.0 per cent as compared to 5.0 per cent for the family females.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

NUMBER OF MONTHS EXAMINEE WAS EMPLOYED IN PRIVATE EMPLOYMENT WITHIN THE YEAR SUBSEQUENT TO DATE OF PHYSICAL EXAMINATION
(Distribution in Percent)

SUMMARY TABLES

TABLE XXXI

C & D Classification Only

MONTHS EMPLOYED	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
1	10	5	25	4	35	9	44
2	7	6	26	1	33"	7	40
3	4	3	29	1	33	4	37
4	14	5	47	6	61	11	72
5	5	1	26	2	31	3	34
6	5	2	64	4	69	6	75
7	8		47	1	55	1	56
8	4	1	43	1	47	2	49

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

NUMBER OF MONTHS EXAMINEE WAS EMPLOYED IN PRIVATE EMPLOYMENT WITHIN
THE YEAR SUBSEQUENT TO DATE OF PHYSICAL EXAMINATION
(Distribution in Percent)

SUMMARY TABLES

TABLE XXXI
C & D Classification Only

MONTHS EMPLOYED	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
9	3	2	34	1	37	3	40
10		1	38	2	38	3	41
11		2	30		30	2	32
12	3		96	5	99	5	104
TOTAL	3.0 63	5.3 28	12.8 505	4.3 28	9.4 568	4.8 56	8.7 624
NONE	97.0 2004	94.7 496	87.2 3440	95.7 618	90.6 5444	95.2 1114	91.3 6558
TOTAL	100. 2067	100. 524	100. 3945	100. 646	100. 6012	100. 1170	100. 7182
Median Months Employed	3.7	3.0	6.8	5.0	6.4	3.7	6.2

O.P. 635-71-3-277-(3)

The condition of the eyes is shown in Table XXXII. This Table indicates an interesting sex differential in that about 26 per hundred of the males had normal vision, whereas only 18 per hundred of the females had normal vision. There is also a differential between the unattached cases and the family cases. The rate per hundred having normal vision was about ten points higher for the family males than for the unattached males, and about seven points higher for the family females than for the unattached females. It is likewise probably significant that only 25 out of each hundred cases examined in all categories had normal vision in both eyes. (Snellen Test)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EYESIGHT OF EXAMINEE
(Distribution in Per cent)

TABLE XXXII

SUMMARY TABLES

CONDITION OF VISION		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
One Eye	Other Eye	Males	Females	Males	Females			
Normal	Normal	18.9 1283	13.1 132	28.9 4254	20.2 482	25.7 5537	18.1 614	24.7 6151
"	20/30	10.2 689	6.8 69	14.1 2081	10.9 260	12.9 2770	9.7 329	12.4 3099
"	20/40-50	1.9 129	1.8 18	2.1 312	2.1 49	2.2 441	2.0 67	2.0 508
"	20/60-70	0.4 29	0.1 1	0.6 86	0.4 10	0.5 115	0.3 11	0.5 126
"	20/100	0.1 10	0.3 3	0.3 46	0.2 4	0.3 56	0.2 7	0.3 63
"	20/200	0.5 32	0.1 1	0.3 49	0.1 3	0.4 81	0.1 4	0.3 85
"	Blind	0.7 48	0.1 1	0.4 62	* 1	0.5 110	0.1 2	0.5 112
"	Near Sighted			* 1	* 1	* 1	* 1	* 2
"	Other	0.3 18		0.2 27	0.1 2	0.2 45	0.1 2	0.2 47
20/30	20/30	23.8 1616	22.8 230	23.1 3398	28.2 674	23.3 5014	26.6 904	23.8 5918
"	20/40-50	9.4 637	9.0 91	8.2 1208	10.2 244	8.6 1845	9.8 335	8.8 2180
"	20/60-70	1.2 79	1.3 13	1.4 205	1.4 33	1.3 284	1.3 46	1.3 330
"	20/100	0.5 36	1.0 10	0.6 94	0.8 20	0.6 130	0.9 30	0.7 160
"	20/200	0.9 58	0.5 5	0.7 98	0.2 4	0.7 156	0.3 9	0.7 165

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EYESIGHT OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXII

CONDITION OF VISION		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
One Eye	Other Eye	Males	Females	Males	Females			
20/30	Blind	0.8 53	0.2 2	0.5 74	0.3 6	0.6 127	0.2 8	0.5 135
"	Color Vision	* 2				* 2		* 2
"	Other	0.3 21	0.1 1	0.1 19	0.3 7	0.2 40	0.2 8	0.2 48
20/40-50	20/40-50	12.6 851	17.5 177	7.8 1141	10.8 259	9.3 1992	12.8 436	9.8 2428
"	20/60-70	3.4 232	6.4 65	2.5 368	3.7 89	2.8 600	4.5 154	3.0 754
"	20/100	1.4 97	1.8 18	1.0 151	0.9 21	1.1 248	1.1 39	1.2 287
"	20/200	1.2 79	1.3 13	0.7 102	1.0 23	0.8 181	1.1 36	0.9 217
"	Blind	0.5 36	0.8 8	0.3 38	0.1 2	0.3 74	0.3 10	0.3 84
"	Near Sighted			* 2		* 2		* 2
"	Color Vision			* 1		* 1		* 1
"	Other	0.3 21		0.1 13	0.1 2	0.2 34	0.1 2	0.1 36
20/60-70	20/60-70	2.7 186	4.4 44	1.8 264	2.0 47	2.1 450	2.7 91	2.2 541
"	20/100	1.7 114	3.4 34	0.8 114	1.5 36	1.1 228	2.0 70	1.2 298
"	20/200	0.6 40	0.8 8	0.5 67	0.4 10	0.5 107	0.5 18	0.5 125

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EYESIGHT OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXII

CONDITION OF VISION		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
One Eye	Other Eye	Males	Females	Males	Females			
20/60-70	Blind	0.2 13	0.1 1	0.1 20	* 1	0.2 33	0.1 2	0.1 35
"	Color Vision	* 1				* 1		* 1
"	Other	0.3 17	0.3 3	0.1 8	* 1	0.1 25	0.1 4	0.1 29
20/100	20/100	1.3 91	2.1 21	0.9 138	1.4 34	1.1 229	1.6 55	1.1 284
"	20/200	0.7 45	1.3 13	0.4 65	0.7 17	0.5 110	0.9 30	0.6 140
"	Blind	0.1 10		* 6	0.1 2	0.1 16	0.1 2	0.1 18
"	Other	0.1 5		* 4	* 1	* 9	* 1	* 10
20/200	20/200	2.0 138	2.3 23	1.0 141	1.4 34	1.3 279	1.7 57	1.4 336
"	Blind	0.2 15	0.2 2	0.1 12	* 1	0.1 27	0.1 3	0.1 30
"	Near Sighted			* 2		* 2		* 2
"	Other	0.2 12		* 4		0.1 16		0.1 16
Blind	Blind	* 2	0.1 1	* 3	* 1	* 5	0.1 2	* 7
Near Sighted	Near Sighted	0.3 17	0.1 1	0.1 17	0.2 5	0.2 34	0.2 6	0.2 40

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

CONDITION OF EYESIGHT OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXII

CONDITION OF VISION		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
One Eye	Other Eye	Males	Females	Males	Females			
Color Vision	Color Vision			* 1		* 1		* 1
Others	Others	0.3 22	0.1 1	0. 1 12	0.2 5	0.2 34	0.2 6	0.2 40
Blind	Other	* 3				* 3		* 3
TOTAL		100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100.0 24896

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* Less than 0.05%

Table XXXIII indicates the distribution of diagnosed ailments. The rate here indicate that heart conditions are somewhat more prevalent among the females than among the males. It is likewise true that heart ailments are somewhat more frequent among unattached persons than among the family cases. However, this Table should be evaluated in terms of the age distribution of the examinees. (Stephoscope examination)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

HEART AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXIII

DIAGNOSIS OF HEART AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Aortic Diseases	0.4 26	0.6 6	0.3 48	0.1 3	0.4 74	0.3 9	0.4 83
Mitral Diseases	1.9 127	3.8 39	1.3 189	2.3 54	1.5 316	2.7 93	1.7 409
Tachycardia	3.8 257	3.5 35	1.5 224	2.7 64	2.2 481	2.9 99	2.3 580
Coronary	0.3 21	0.9 9	0.5 69	0.2 4	0.4 91	0.4 13	0.4 104
Congenital Heart	* 1		* 2	0.1 2	* 3	0.1 2	* 5
Arythmia		0.1 1	0.3 36	0.4 8	0.2 36	0.3 9	0.2 45
Myocarditis		0.5 5	0.1 15	0.1 2	0.1 15	0.2 7	0.1 22
Dyspnea		2.8 28	0.6 91	1.3 31	0.4 91	1.7 59	0.6 150
Mitral & Tachycardia			0.1 11	* 1	0.1 11	* 1	* 12
Tachycardia & Dyspnea			* 1	0.1 3	* 1	0.1 3	* 4

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

HEART AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXIII

DIAGNOSIS OF HEART AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Coronary & Dyspnea			* 1	* 1	* 1	* 1	* 2
Tachycardia & Coronary			* 5		* 5		* 5
Others	1.9 127	0.2 2	* 8	* 1	0.6 135	0.1 3	0.6 138
TOTAL	560	125	700	174	1260	299	1559
NONE	91.7 6227	87.6 885	95.3 14008	92.7 2217	94.1 20235	91.2 3102	93.7 23337
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

Table XXXIV shows the group variation in blood pressure.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE
(Distribution in Per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
Systolic	Diastolic	Males	Females	Males	Females			
		0.2	0.9	0.4	0.3	0.3	0.5	0.3
Below 90	Below 70	13	9	54	7	67	16	83
				*		*		*
90	75			2		2		2
		0.4	0.9	0.8	0.9	0.7	0.9	0.7
95	Below 70	27	9	121	21	148	30	178
		0.1	0.4	0.2	0.6	0.2	0.5	0.2
95	75	6	3	32	15	38	18	56
				*	*	*	*	*
95	85			4	1	4	1	5
		1.0	1.7	2.2	2.8	1.8	2.5	1.9
105	Below 70	66	17	320	67	386	84	470
		1.2	2.2	2.8	4.2	2.3	3.6	2.5
105	75	82	22	416	100	298	122	620
		0.2	0.9	0.6	1.0	0.5	1.0	0.5
105	85	13	8	83	25	96	33	129
		*		*	*	*	*	*
105	95	3		7	1	10	1	11
		1.3	1.1	2.5	2.9	2.1	2.4	2.1
115	Below 70	86	11	366	69	452	80	532
		6.3	8.3	11.0	11.8	9.5	10.8	9.7
115	75	425	84	1619	283	2044	367	2411
		3.0	5.8	4.5	7.7	4.0	7.1	4.4
115	85	202	59	656	184	858	243	1101
		0.3	0.2	0.3	0.4	0.3	0.4	0.3
115	95	19	2	43	10	62	12	74
				*		*		*
115	105			2		2		2

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE (Cont'd)
(Distribution in Per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
Systolic	Diastolic	Males	Females	Males	Females			
		0.5	0.2	1.3	1.1	1.0	0.8	1.0
125	Below 70	32	2	186	26	218	28	246
		4.3	3.7	9.6	6.9	8.0	5.9	7.7
125	75	290	37	1419	165	1709	202	1911
		11.7	9.8	14.5	16.4	13.6	14.5	13.8
125	85	796	99	2135	393	2931	492	3423
		2.1	1.6	2.1	1.8	2.1	1.7	2.1
125	95	143	16	314	43	457	59	516
		0.1	0.1	*		0.1	*	0.1
125	105	6	1	6		12	1	13
		0.2	0.1	0.5	0.2	0.4	0.2	0.4
135	Below 70	13	1	77	4	90	5	95
		2.6	1.8	3.6	1.8	3.3	1.8	3.1
135	75	176	18	524	43	700	61	761
		10.1	7.0	11.7	9.9	11.2	9.0	10.9
135	85	683	71	1714	236	2397	307	2704
		6.3	5.8	5.7	4.9	5.9	5.1	5.8
135	95	425	59	840	116	1265	175	1440
		0.4	0.3	0.3	0.5	0.3	0.4	0.3
135	105	28	3	40	11	68	14	82
		*	0.1	*		*	*	*
135	115	1	1	2		3	1	4
		0.1		0.1	*	0.1	*	0.1
145	Below 70	10		15	1	25	1	26
		1.1	0.9	0.9	0.6	1.0	0.6	1.0
145	75	76	9	138	13	214	22	236
		5.9	4.0	4.9	3.1	5.2	3.4	5.0
145	85	397	40	719	75	1116	115	1231

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PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE (Cont'd)
(Distribution in Per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
Systolic	Diastolic	Males	Females	Males	Females			
145	95	7.8 532	6.1 62	5.3 783	4.3 102	6.1 1315	4.8 164	5.9 1479
145	105	1.9 128	2.3 23	0.8 122	1.4 34	1.2 250	1.7 57	1.2 307
145	115	0.1 7	0.2 2	0.1 10	0.1 2	0.1 17	0.1 4	0.1 21
145	122			* 1		* 1		* 1
155	Below 70	* 2		* 7		* 9		* 9
155	75	0.4 29	0.5 5	0.2 33	0.3 6	0.3 62	0.3 11	0.3 73
155	85	2.3 155	1.0 10	1.0 153	0.6 15	1.4 308	0.7 25	1.3 334
155	95	5.1 348	4.2 42	3.2 472	2.1 51	3.8 820	2.7 93	3.7 913
155	105	2.3 158	1.2 12	1.0 149	1.2 28	1.4 307	1.2 40	1.4 347
155	115	0.3 22	0.7 7	0.2 24	0.3 6	0.2 46	0.4 13	0.2 59
155	122.5	* 3		* 1		* 4		* 4
155	127.5		0.2 2				0.1 2	* 2
165	Below 70	* 2	0.1 1	* 3		* 5	* 1	* 6
165	75	0.3 18	0.1 1	0.1 16	* 1	0.2 34	0.1 2	0.1 36

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PHYSICIAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE (Cont'd)
(Distribution in Per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES				
Systolic	Diastolic	Males	Females	Males	Females	MALES	FEMALES	GRAND TOTAL
		0.9	0.8	0.4	0.3	0.5	0.4	0.5
165	Below 85	63	8	53	7	116	15	131
		2.7	3.2	1.2	1.2	1.7	1.8	1.7
165	95	183	32	174	29	357	61	418
		2.4	1.6	1.1	1.0	1.5	1.2	1.5
165	105	165	16	159	25	324	41	365
		0.9	0.7	0.3	0.5	0.5	0.5	0.5
165	115	58	7	42	11	100	18	118
		0.2	0.1	0.1	0.1	0.1	0.1	0.1
165	122.5	15	1	8	2	23	3	26
		*	0.2	*		*	0.1	*
165	127.5	1	2	1		2	2	4
		*			*	*	*	*
165	132.5	1			1	1	1	2
		0.1			*	*	*	*
175	Below 70	4			1	4	1	5
		0.1	0.3	*	0.1	*	0.2	*
175	75	4	3	3	2	7	5	12
		0.3	0.4	0.1	*	0.1	0.1	0.1
175	85	18	4	14	1	32	5	37
		1.5	1.3	0.4	0.5	0.8	0.9	0.8
175	95	103	13	60	11	163	24	187
		1.6	1.5	0.5	1.0	0.9	1.1	0.9
175	105	108	15	79	24	187	39	226
		0.9	1.3	0.4	0.3	0.6	0.6	0.6
175	115	64	13	63	8	127	21	148
		0.3	0.4	0.1	0.1	0.2	0.2	0.2
175	122.5	18	4	15	2	33	6	39

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE (Cont'd)
(Distribution in Per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
Systolic	Diastolic	Males	Females	Males	Females			
		*	0.2	*		*	0.1	*
175	127.5	2	2	2		4	2	6
			0.1		*		0.1	*
175	132.5		1		1		2	2
				*		*		*
175	137.5			1		1		1
		*	0.1			*	*	*
185	Below 70	3	1			3	1	4
		*		*		*		*
185	75	2		4		6		6
		0.1	0.3	0.1	*	0.1	0.1	0.1
185	85	9	3	13	1	22	4	26
		0.7	0.9	0.2	0.3	0.4	0.4	0.4
185	95	45	9	35	6	80	15	95
		1.1	1.2	0.3	0.5	0.6	0.7	0.6
185	105	74	12	49	12	123	24	147
		0.4	1.0	0.3	0.5	0.3	0.6	0.4
185	115	30	10	39	11	69	21	90
		0.2	0.6	0.1	0.3	0.2	0.4	0.2
185	122.5	16	6	21	6	37	12	49
		*	0.2	*	*	*	0.1	*
185	127.5	3	2	5	1	8	3	11
		0.1	0.1	*		0.1	*	0.1
185	132.5	7	1	5		12	1	13
				*		*		*
185	137.5			1		1		1
		*	0.1			*	*	*
190+	Below 70	3	1			3	1	4

O.P. 665-71-3-277-(3)

PHYSICIAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

BLOOD PRESSURE READINGS OF EXAMINEE (Cont'd)
(Distribution in per cent)

TABLE XXXIV

SUMMARY TABLES

BLOOD PRESSURE		UNATTACHED CASES		FAMILY CASES		MALE	FEMALE	GRAND TOTAL
Systolic	Diastolic	Male	Female	Male	Female			
185	137.5			* 1		* 1		* 1
190 +	Below 70	* 3	0.1 1			* 3	* 1	* 4
190 +	75	* 2		* 1	* 1	* 3	* 1	* 4
190 +	85	0.1 10	0.2 2	* 7	0.1 3	0.1 17	0.2 5	0.1 22
190 +	95	0.6 39	1.1 11	0.1 14	0.3 8	0.2 53	0.6 19	0.3 72
190 +	105	1.3 91	1.9 19	0.4 54	0.6 15	0.7 145	1.0 34	0.7 179
190 +	115	1.4 92	1.9 19	0.4 63	0.5 12	0.7 155	0.9 31	0.7 186
190 +	122.5	1.1 75	1.4 14	0.3 40	0.8 18	0.5 115	0.9 32	0.6 147
190 +	127.5	0.2 14	1.3 13	0.1 14	0.3 7	0.1 28	0.6 20	0.2 48
190 +	132.5	0.4 25	1.5 15	0.2 27	0.3 6	0.2 52	0.6 21	0.3 73
190 +	137.5	0.1 5	0.1 1	* 3		* 8	* 1	* 9
190 +	142.5	0.1 8	0.1 1	* 5	0.2 4	0.1 13	0.2 5	0.1 18
190 +	145.+	0.1 5	0.1 1	* 6	* 1	0.1 11	0.1 2	0.1 13
TOTAL		100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) * Less than 0.05%

Table XXXV shows the major accidents resulting in injury in which the clients had been involved. The Table indicates that the rate was considerably higher for the males than for the females, and it is likewise higher for the unattached individuals than for the family cases. It is perhaps particularly significant that the rates here are much higher than in most of the other tables. This would seem to indicate that accidents as a cause of disability are perhaps more significant than chronic disease.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

MAJOR ACCIDENTS OF EXAMINEE
(Distribution in Per cent)

TABLE XXXV.

SUMMARY TABLES

MAJOR ACCIDENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Broken Arm, Wrist, Hand	6.0 410	7.0 71	6.6 968	3.4 80	6.4 1378	4.4 151	6.2 1529
Head Injury	0.6 43	0.8 8	1.0 152	0.8 19	0.9 195	0.8 27	0.9 222
Broken Leg, Ankle, Foot	7.4 502	4.7 47	5.0 742	2.5 60	5.8 1244	3.2 107	5.4 1351
Broken Arm, Wrist, Hand, Head Injury	0.1 9		0.1 10		0.1 19		0.1 19
Broken Arm, Wrist, Hand, Leg, Ankle, Foot	0.9 61	0.1 1	0.6 93	0.2 4	0.7 154	0.2 5	0.6 159
Head Injury, Broken Leg, Ankle, Foot	* 2	0.1 1	0.1 10	* 1	0.1 12	0.1 2	0.1 14
Broken Arm, Wrist, Hand, Head Injury, Broken Leg, Ankle, Foot	* 1		* 5		* 6		* 6
Broken Arm, Wrist, Hand & Other Misc, Accidents		0.1 1				* 1	* 1
Broken Pelvis	0.2 15	0.2 2	0.2 24	* 1	0.2 39	0.1 3	0.2 42
Spine Injury	0.7 45	2.3 23	1.7 243	1.4 33	1.4 288	1.7 56	1.4 344
Burns or Lacerations	0.2 10	0.6 6	0.5 74	0.4 10	0.4 84	0.5 16	0.4 100
Broken Arm, Wrist, Hand, Burns or Lacerations		0.2 2				* 2	* 2

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

MAJOR ACCIDENTS OF EXAMINEE
(Distribution in Per cent)

TABLE XXXV

SUMMARY TABLES

MAJOR ACCIDENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Spine Injury & Eye Injury		0.1 1				* 1	* 1
Spine Injury & Burns or Lacerations			* 1	0.1 2	* 1	* 2	* 3
Gun Shot Wounds		0.1 1	0.4 54		0.3 54	* 1	0.2 55
Internal Injuries	0.3	0.3 3	0.3 37	0.2 4	0.2 37	0.2 7	0.2 44
Eye Injuries			0.6 84	0.1 3	0.4 84	0.1 3	0.4 87
Broken Arm, Wrist, Hand, Spine Injury			0.2 23	0.1 3	0.1 23	0.1 3	0.1 26
Broken Arm, Wrist, Hand, Burns or Lacerations			* 6	* 1	* 6	* 1	* 7
Broken Arm, Wrist, Hand, Gun Shot Wounds			* 1		* 1		* 1
Broken Arm, Wrist, Hand & Internal Injuries			* 1		* 1		* 1
Broken Arm, Wrist, Hand, Eye Injuries			* 5		* 5		* 5
Broken Arm, Wrist, Hand, & Broken Pelvis			* 5		* 5		* 5
Broken Arm, Wrist, Hand, Broken Pelvis & Spine Injury			* 1		* 1		* 1

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA - 1934-1935

MAJOR ACCIDENTS OF EXAMINEE
(Distribution in Per cent)

TABLE XXXV

SUMMARY TABLES

MAJOR ACCIDENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Spine Injury & Internal Injury			* 1		* 1		* 1
Burns or Lacerations & Eye Injury			* 2		* 2		* 2
Broken Pelvis & Eye Injury			* 1		* 1		* 1
Head Injury & Broken Pelvis			* 2		* 2		* 2
Head Injury & Spine Injury			* 4		* 4		* 4
Head, Spine & Internal Injuries			* 1		* 1		* 1
Broken Leg, Ankle, Foot, & Internal Injuries			* 2		* 2		* 2
Broken Leg, Ankle, Foot & Eye Injuries			* 4		* 4		* 4
Broken Leg, Ankle, Foot & Broken Pelvis			* 3		* 3		* 3
Broken Leg, Ankle, Foot & Spine Injury		* 1	* 7	* 1	* 7	* 2	* 9
Broken Leg, Ankle, Foot & Burns or Lacerations			* 5	* 1	* 5	* 1	* 6
Broken Arm, Wrist, Hand, Leg, Ankle, Foot & Spine Injury			* 5		* 5		* 5

O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION (Cont'd)
MINNEAPOLIS, MINNESOTA 1934-1935

MAJOR ACCIDENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXV

MAJOR ACCIDENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Broken Arm, Wrist, Hand, Leg, Ankle, Foot, Head Injury, Broken Pelvis			* 1		* 1		* 1
Broken Arm, Wrist, Hand & Other Misc. Accidents			* 1		* 1		* 1
Head Injury, Broken Leg, Ankle, Foot & Other Misc. Accidents			* 1		* 1		* 1
Other Miscellaneous Accidents	4.7 320		0.1 15	* 1	1.6 335	* 1	1.4 336
TOTAL	1418	168	2594	224	4012	392	4404
NONE	79.1 5369	83.4 842	82.4 12114	90.7 2167	81.3 17483	88.5 3009	82.3 20492
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3) * Less than 0.05%

Table XXXVI shows the variation of height in inches.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

HEIGHT OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLE

TABLE XXXVI

HEIGHT IN INCHES	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
48 - 49		0.1 1				* 1	* 1
50 - 51		0.1 1	* 1		* 1	* 1	* 2
52 - 53		0.1 1	* 4	* 1	* 4	0.1 2	* 6
54 - 55	* 1	0.2 2	* 6	0.1 2	* 7	0.1 4	* 11
56 - 57	0.1 7	0.3 3	0.1 10	0.3 8	0.1 17	0.3 11	0.1 28
58 - 59	0.2 11	4.5 45	0.2 23	2.8 67	0.2 34	3.3 112	0.6 146
60 - 61	1.2 78	14.7 148	2.0 299	14.4 343	1.8 377	14.4 491	3.5 868
62 - 63	3.6 241	30.4 307	3.0 447	29.0 693	3.2 688	29.4 1000	6.8 1688
64 - 65	14.4 977	31.2 316	9.1 1334	30.0 718	10.8 2311	30.4 1034	13.4 3345
66 - 67	25.5 1728	13.3 135	21.9 3220	16.7 400	23.0 4948	15.7 535	22.0 5483

*Less than 0.05%
O.P. 665-71-3-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

HEIGHT OF EXAMINEE (Cont'd)
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXVI

HEIGHT IN INCHES	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
68 - 68	26.9 1826	4.4 44	30.0 4414	5.2 124	29.0 6240	5.0 168	25.8 6408
70 - 71	18.9 1285	0.7 7	21.8 3207	1.4 32	20.9 4492	1.2 39	18.2 4531
72 - 73	7.5 512		9.6 1412	0.1 2	8.9 1924	0.1 2	7.7 1926
74 - 75	1.6 111		2.0 294	* 1	1.9 405	* 1	1.6 406
76 - 77	0.1 10		0.3 37		0.2 47		0.2 47
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

* Less than 0.05%

Table XXXVII is a group classification of ailments. From this Table it is obvious that the most common ailment is that of abnormal eyesight with a rate of 40.5 per hundred. The next largest group are those having abnormal blood pressure with a rate of 13.3 per hundred. This is closely followed by ailments of the eye, nose, and throat with a rate of 11.6 per hundred. Ailments of the extremities make up the fourth largest category with a rate of 6.5 per hundred, and hernias are the fifth largest category with a rate of 5.1 per hundred. None of the other groups contribute as much as 4 per cent of the ailments.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

AILMENTS OF EXAMINEE
(Distribution in Per cent)

SUMMARY TABLE

TABLE XXXVII

AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Muscular	1.8 244	2.7 70	2.8 729	1.6 77	2.5 973	2.0 147	2.4 1120
Excretory	0.4 56	0.6 16	0.4 110	0.9 43	0.4 166	0.8 59	0.5 225
Heart	4.2 560	4.9 125	2.7 700	3.7 174	3.2 1260	4.1 299	3.4 1559
Gastro-Intestinal	0.6 82	1.9 50	1.4 350	1.8 84	1.1 432	1.8 134	1.2 566
Lung	1.0 129	1.4 35	1.3 344	1.2 58	1.2 473	1.3 93	1.2 566
Spine	0.9 118	4.4 112	2.5 636	4.2 197	1.9 754	4.2 309	2.3 1063
Hernia	6.3 831	1.1 27	5.6 1439	1.4 65	5.8 2270	1.3 92	5.1 2362
Extremities	6.7 887	6.7 171	6.0 1551	9.1 429	6.3 2438	8.2 600	6.5 3038
Joints	1.8 244	3.5 89	1.8 449	1.9 92	1.8 693	2.5 181	1.9 874
Reproductive	1.7 228	2.2 57	2.2 575	3.0 141	2.1 803	2.7 198	2.2 1001
Laboratory	2.1 280	3.9 101	2.3 593	3.4 160	2.2 873	3.6 261	2.5 1134

*Less than 0.05%
O.P. 665-715-277-(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

AILMENTS OF EXAMINEE (Cont'd)
(Distribution in Per cent)

SUMMARY TABLE

TABLE XXXVII

AILMENTS	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Rectal	2.8 371	3.0 78	4.5 1163	3.8 181	3.9 1534	3.6 259	3.9 1793
Nervous & Mental	0.8 108	2.7 69	1.1 273	2.6 124	1.0 381	2.6 193	1.2 574
Ductless Glands	* 5	0.9 22	0.2 48	1.2 55	0.1 53	1.1 77	0.3 130
Eyes	41.5 5513	34.5 878	40.6 10450	40.3 1908	40.9 15963	38.2 2786	40.5 18749
Ear, Nose, Throat	9.3 1241	10.4 266	13.4 3433	9.6 453	12.0 4674	9.9 719	11.6 5393
Blood Pressure	18.1 2401	15.4 394	11.2 2888	10.3 489	13.6 5289	12.1 883	13.3 6172
TOTAL	100. 13298	100. 2560	100. 25731	100. 4730	100. 39029	100. 7290	100. 46319

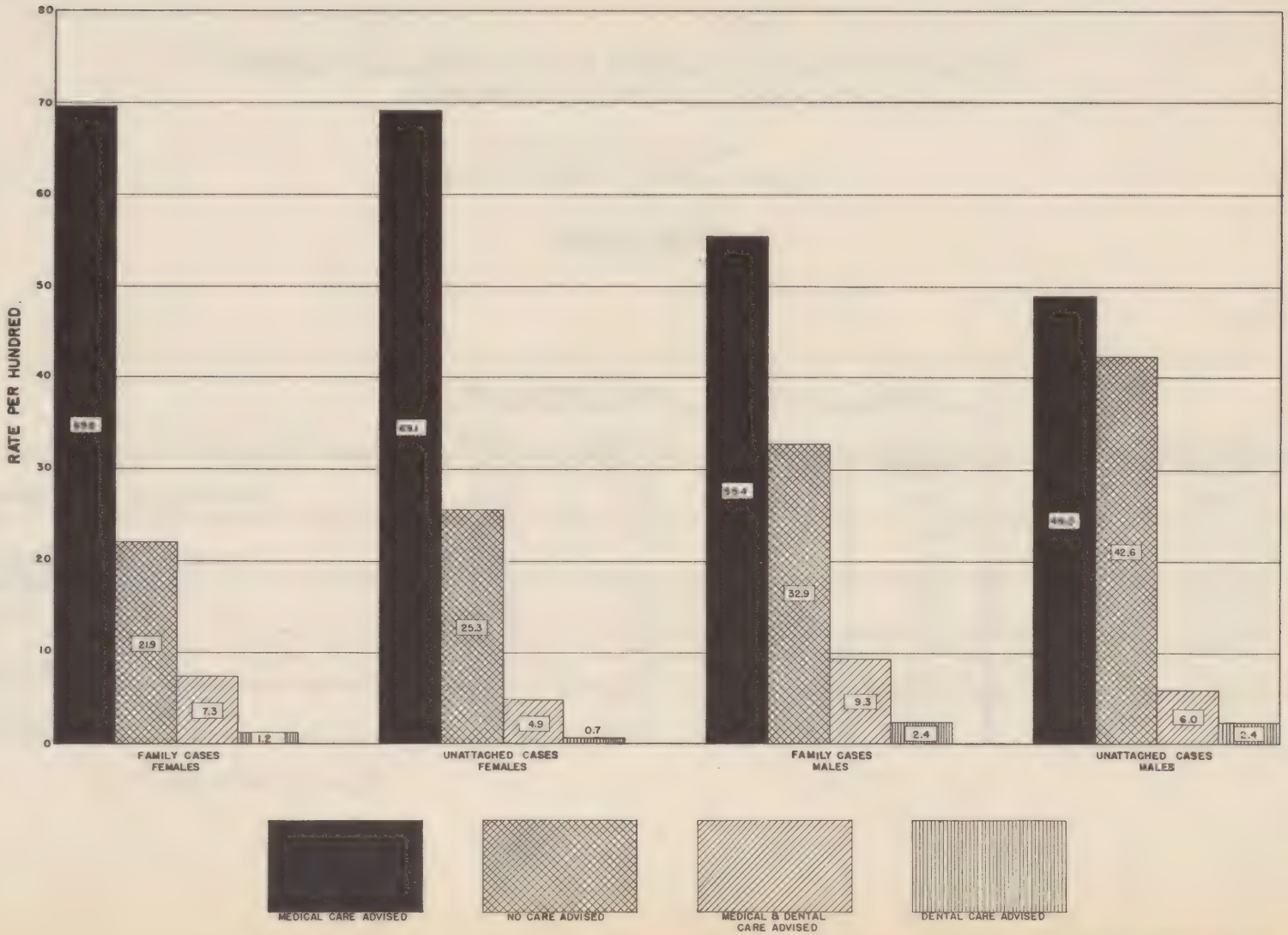
O.P. 665-71-3-277-(3)

* Less than 0.05%

Table XXXVIII shows the disposition of the case. In 77 per cent of the cases some treatment was advised. 55.5 per cent of the cases were advised to obtain medical care; 2.2 per cent, dental care; 18.9 per cent were advised to have both medical and dental care.

DISPOSITION OF CASE

(PLATE NO.7)



DEPARTMENT OF PUBLIC WELFARE-DIVISION OF PUBLIC RELIEF
PREPARED WITH THE ASSISTANCE OF
WORKS PROGRESS ADMINISTRATION O.P. NO. 665-71-3-277(3)

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

DISPOSITION OF CASE
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXVIII

DISPOSITION OF CASE	UNATTACHED CASES		FAMILY CASES		MALES	FEMALES	GRAND TOTAL
	Males	Females	Males	Females			
Medical Care Advised	49.0 3322	69.1 698	55.4 8143	69.6 1663	53.4 11465	69.4 2361	55.5 13826
Dental Care Advised	2.4 164	0.7 7	2.4 358	1.2 28	2.4 522	1.0 35	2.2 557
Medical & Dental Care Advised	42.6 2893	25.3 256	9.3 1368	7.3 175	19.8 4261	12.7 431	19.0 4692
No Care Advised	6.0 408	4.9 49	32.9 4839	21.9 525	24.4 5247	16.9 574	23.4 5821
TOTAL	100. 6787	100. 1010	100. 14708	100. 2391	100. 21495	100. 3401	100. 24896

O.P. 665-71-3-277-(3)

Table XXXIX shows the whereabouts of the case on January 1, 1938. 28.2 per cent of the cases could not be located. Of the remaining cases, 30.9 per cent were home unemployed, 28.6 per cent were home employed, 21.9 per cent were receiving O.A.A., 9.5 per cent were deceased, and 5.8 per cent were at home disabled. None of the other groups mentioned contributed more than 1 per cent to the total.

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

WHEREABOUTS OF EXAMINEE AS OF JANUARY 1, 1938
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXIX

WHEREABOUTS AS OF JANUARY 1, 1938	UNATTACHED CASES				FAMILY CASES									
	Male	**%	Female	**%	Male	**%	Female	**%	Male	**%	Female	**%	Grand Total	**%
No Record	31.8 658		23.0 121		27.6 1089		24.5 158		29.1 1747		23.9 279		28.2 2026	
Hospital	0.3 7	0.5			0.3 12	0.4	0.3 2	0.4	0.3 19	0.4	0.2 2	0.2	0.3 21	0.4
Rest Home	0.9 19	1.3	1.0 5	1.2	0.2 6	0.2	0.2 1	0.2	0.2 25	0.6	0.5 6	0.7	0.4 31	0.6
Veteran's Hospital	0.2 5	0.4							0.1 5	0.1			0.1 5	0.1
T. B. Sanitorium	0.1 3	0.2	0.4 2	0.5	0.2 7	0.3			0.2 10	0.2	0.2 2	0.2	0.2 12	0.2
Institute for Insane	0.1 2	0.1			0.2 6	0.2			0.1 8	0.2			0.1 8	0.2
O.A.A.	19.6 406	28.8	21.4 112	27.8	14.0 554	19.4	9.3 60	12.3	16.0 960	22.5	14.7 172	19.3	15.8 1132	21.9
Home Unemployed	27.2 562	39.9	28.8 151	37.5	15.5 610	21.4	41.5 268	54.9	19.5 1172	27.5	35.8 419	47.0	22.2 1591	30.9
Home Disabled	1.6 32	2.3	8.8 46	11.4	4.7 185	6.5	5.4 35	7.2	3.6 217	5.1	6.9 81	9.1	4.1 298	5.8

O.P. 665-713-277-(3)

* Less than 0.05%
** % figured minus no record

PHYSICAL CHARACTERISTICS OF MINNEAPOLIS RELIEF POPULATION
MINNEAPOLIS, MINNESOTA 1934-1935

WHEREABOUTS OF EXAMINEE AS OF JANUARY 1, 1938 (Cont'd)
(Distribution in Per cent)

SUMMARY TABLES

TABLE XXXIX

WHEREABOUTS AS OF JANUARY 1, 1938	UNATTACHED CASES				FAMILY CASES									
	Males	**%	Females	**%	Males	**%	Females	**%	Males	**%	Female	**%	Grand Total	**%
Home Employed	2.1 43	3.1	13.4 70	17.4	31.5 1246	43.6	17.6 114	23.4	21.4 1289	30.2	15.7 184	20.7	20.5 1473	28.8
Penal Institution	6	0.4			12	0.4			18	0.4			18	0.3
Deceased	11.9 245	17.4	3.2 17	4.2	5.5 218	7.6	1.2 8	1.6	7.7 163	10.9	2.1 25	2.8	6.8 488	9.5
Camp	2.6 54	3.8							0.9 54	1.3			0.8 54	1.0
Transient Camp	0.1 1	0.1							* 1	*			* 1	*
WPA Camp									0.4 24	0.6			0.3 24	0.5
TOTAL	100. 2067	100. 1409	100. 524	100. 403	100. 3945	100. 2856	100. 646	100. 488	100. 6012	100. 4265	100. 1170	100. 891	100. 7182	100. 5156

O.P. 665-71-3-277-(3)

*Less than 0.05%
**% figured minus no record.

DEFINITION OF MEDICAL TERMS

Adenoma - tumor composed of glandular tissue

Ankylosis - abnormal immobility and consolidation of a joint

Aortic stenosis - narrowing of aortic orifice of heart or of the aorta itself

Arrythmia - absence of rhythm in the heart beat

Arthritis - any gout or joint inflammation

Atrophy Muscular - wasting of muscles

Bronchiectasis - dilatation of the bronchi

Bursitis - inflammation of a bursa

Chancre - as used in this study, the primary lesion of syphilis

Cholecystitis - inflammation of the gall bladder

Colitis - inflammation of the colon

Congenital heart - abnormal condition of heart existing at birth

Contracture - shortening or shrinkage of the muscles

Coronary - any disease condition of the cardiac arteries, arterioles or veins

Cystitis - inflammation of the bladder

Dementia Proecox - as generally used, a form of mental abnormality

Dyspnea - abnormal labored or difficult breathing caused by disease

Emphysema - air or gas abnormally present in the tissues of the lung area

Empyema - pus in the chest cavity

Epididymitis - inflammation of the epididyma

Goiter - exophthalmic goiter - (Toxic goiter)

Hernia - abdominal protrusion of some internal structure thru the abdomina wall
- Femoral - Hernia into the femoral canal
- Inguinal - Hernia into the inguinal canal
- Umbilical - protrusion at navel
- Epigastric - protrusion above navel

Hemorrhoid - a pile or vascular tumor of the rectal mucous membrane

Hydrocele - collection of fluid about testicle

Hypertension - high blood pressure

Hypotension - abnormally low blood pressure

Kyphosis - hump-back or hunch-back

Lordosis - curvation of spinal column with forward convexity

Mitral Stenosis - contraction of left auriculoventricular orifice

Myocarditis - inflammation of the heart muscle

Myositis - inflammation of a muscle

Nephritis - inflammation of the kidney

Osteomyelitis - inflammation of marrow of the bone

Paresis - general paralysis due to syphilis

Parkinson's Disease - shaking palsy - paralysis agitans

Prolapse - falling or sinking of a part

Psychosis - any mental disease

Rales - any abnormal respiratory sound heard in auscultation

Seminal Vesiculitis - inflammation of the seminal vesicles

Scoliosis - lateral curvature of spinal column

Stricture - in this study, a narrowing or closure of the urethra

Tabes - any wasting disorder, especially locomotor ataxia

Tachycardia - excessive rapidity of heart's action

Varicocele - enlargement of the scrotal and spermatic veins

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The Physical History will be taken by one group of statistical clerks, who will transcribe the information from the Original Examination forms to the Schedule. Those assigned to this phase of the work will be those whose training has been in medicine, nursing, health surveys or other similar endeavors which would qualify them to do the work assigned. The schedule will be completed and checked by this group, then submitted to a group of statistical clerks for completion of the Social History phase of the study.

The Social History data will be transcribed from the case records of the Division of Public Relief, in code, and will be checked by appointed checkers.

Because of the confidential nature of the information contained in the case records of the Division of Relief, and the Physical Examination Report, it is essential that persons engaged in the study be those whose integrity may be depended upon; and, so far as possible, for the successful collection of reliable data, it is also to be desired that such persons as are available who are already familiar with the records which are to be used, be employed on the Project.

The persons working on the various phases of the Project will be employed on types of work which are closely interrelated; the COOPERATION OF EVERYONE AT WORK ON THE PROJECT IS THEREFORE ESSENTIAL.

Checking of cases, by appointed checkers immediately after they have been scheduled, will be done in order to further assure the accuracy of the study. Those assigned to checking will be those who are in OUR OPINION CAPABLE of fulfilling the task assigned. They ARE NOT assigned for the purpose of re-scheduling cases. They will be assigned for the purpose of verifying your work. Therefore, it is essential that complete COOPERATION be accorded all persons with whom you work, or who may from time to time be designated your supervisors.

For the benefit of those who are not familiar with statistical procedure, we wish at this point to inform that we in charge of this survey, KNOW WHAT WE WANT. The instructions covering each field clearly specify what is desired. If you will follow the instructions to the letter, we feel positive that when the study is completed you will be proud to have been a party to its completion and final publication. Since this is a collective endeavor, suggestions from those on the project will be welcomed in order to further improve the functioning of the Project, and to further improve the methods of collecting and handling the data.

Those of you who will be assigned to outlying stations must realize that your presence in such stations might interfere somewhat with the routine work of the permanent relief organization.

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NOTE: Care should be exercised in the handling of cases. Scheduling should be done on cases not being used by the visitors or typists; cases taken from the files should be recorded and kept in such order that, should they be needed, they can be surrendered promptly to the person desiring the same.

Cooperation is of paramount importance with the district personnel; be courteous and cooperative at all times.

CODING INSTRUCTIONS PHYSICAL EXAMINATION

Physical Examinations were given in some cases to more than one person in a family, therefore, each individual must be identified in order that proper classification and identification can be made.

0. NAME OF EXAMINEE: This space is provided for the identification of the person covered by the Physical Examination Report. This is to be written in by the staff assigned to transcribing the Physical History data. Use the client's first, middle, and last name, in that order. PRINT--Don't write.

1. CASE NUMBER: This is to be taken by the staff assigned to the Physic History phase of the study. This number appears on the Physical Exam ination form and should be copied from there. Care must be exercised in transcribing such numbers as the schedule must be matched by the Relief Case record in order that Social History may be coded later.

The staff assigned to the scheduling of the Social History phase of t study MUST check the Examination Record Number with the Case Record Number--this must coincide in all cases--it is also extremely importa that the person examined be the same person covered by the Social His tory. Therefore, extreme caution in transcribing the information mus be exercised. Should there be a similarity of names, determine defin itely who the report covers before coding--DON'T GUESS.

CONSULT YOUR SUPERVISOR WHEN IN DOUBT.

2. SIZE OF FAMILY OF WHICH EXAMINEE IS A MEMBER: In this space you will code the number of people in each family including all those who were included in the relief budget as of the date of Physical Examination, whether they are members of the family or not. You will also include any member of the family group who by the nature of his work necessitates his absence from the home, but who contributes to the family bu get, such as men and boys in Civilian Conservation Camps, salesmen wh travel and return home periodically, youths on N.Y.A., youths who wor outside the home, but who return home at night; in other words, ALL w reside in the household and who share any part of the Division of Rel

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allowances are to be included. New born children are to be included regardless of their ages.

This field has been arranged alphabetically. You will determine from the key sheet the proper code letter to use in designating family siz

SEX, CITIZENSHIP AND RACE OF EXAMINEE: Under this field sex, citizen ship and race of the examinee have all been grouped. You will determine from the affidavit the sex and citizenship of the idividual covered by the Physical Examination form, and from the form determine the sex of the examinee. This field has also been divided into two groups--male and female, Codes "A" to "L" being provided for male, an Codes "M" to "X" for females

When considering race, only white and black will be defined; all othe are to be classed as others. Consider all Caucasions white; all Negr or mixed with Negro as black; Chinese, Japanese, Koreans, Indians, Philippines and Hawaiians, as others.

NOTE THE FOLLOWING:

Citizenship is to be determined from the most recent 1938 affidavit. Foreign-born persons are aliens, unless they have filed First Papers (intentions of becoming a citizen). Foreign-born persons who have taken out first or second papers and who have not as yet received their naturalization papers, are considered non-citizens.

Native-born persons are all citizens except those who have lost their citizenship. We quote the following regulations as interpreted by th U. S. Immigration Office--Citizenship Status of Aliens Married to American Citizens:

A. All aliens (either male or female) who are married to either a native-born or naturalized American citizen, prior to September 22, 1922, were automatically given full citizenship.

B. All aliens (either male or female) who were married to either a native-born or naturalized American citizen subsequent to September 22, 1922, may obtain final citizenship papers without filing for first papers. This ruling is not affected by any statute of limitations.

C. If, in the case of "B" there is a legal separation, the alien spouse's citizenship status then reverts back to that previous to his or her marriage. If citizenship is to be obtained, they must file for both first and second pape

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D. If in the case of "B" the alien spouse becomes a widow or a widower, their status is as follows:

1. Widow. No change. The woman may file for second papers without the need of filing for first papers.

2. Widower. Citizenship status reverts back to that previous to marriage. The man must file for both first and second papers to obtain citizenship.

When coding this field it is suggested that the key sheet be referred to in all instances in order that the proper code alphabet be selected correctly. In all instances use case in the scheduling of this field.

4. REASON WHY EXAMINEE FIRST BECAME A RELIEF RECIPIENT: Under this field we are endeavoring to determine the extent to which unemployability is due to incapacitation caused by certain diseases or physical impairments. Therefore, we must determine why the individual covered by this examination first became a relief recipient, whether disability or socio-economic reasons precipitated his first coming on the relief rolls.

It must be borne in mind that we are dealing with individuals and not cases; therefore, identification of the paticular examinee must be made and from the case history the REASON why he came on determined.

Age is not to be considered as a cause for coming on relief. The examinee either came on because of Disability, or because of Socio-economic reasons. Therefore, do not consider a person disabled unles ACTUAL DISABILITY existed, regardless of age.

The case records, i.e., the first typewritten section gives reason fo first opening. This is a reliable source and can be used in all case where the examinee is the head of the family. However, care must be exercised as the report is not authentic in all instances; i.e., the first statement regarding the head may not be. The report might stat that the person has been unemployed for some definite period, or that the person was ill, or that the person was unemployed and disabled as well. Therefore, the case record must be read further than the opening paragraph in order that the paramount reason be determined. In many cases it will be necessary to determine between two factors; in such cases the judgment of the scheduler must be relied upon, as definite instructions cannot be written covering the many variations. However, in all instances the paramount reason must be given as the reason for first coming on relief.

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IF IN DOUBT, CONSULT YOUR SUPERVISOR.

In many cases, the examine is not the head of the family and in such cases case's history covering the examinee must be reviewed in order that the reason for his or her entry be determined. In such cases this information will be found by scanning the records pertaining to personnel, occupants or family members, depending upon the term used by the investigator, until the name of the examinee is found and the date on which he or she was first included in the budget, together with the reason determined.

EXAMPLE #1.
Let us take the case of John and Mary Johns, and son Albert--the case opened in 1932. John Johns was then the head of the family, but between the date of case opening and date the Physical Examination was taken in 1934, John Johns died, and Mary married John Johnson. Johnson had not been known to the Relief Department prior to the time he marri Mary Johns; however, the Division of Relief had maintained Mrs. Johns and her son up to the day Mrs. Johns was married and the case was clos due to the fact that Johnson was in a position to support the family. However, on the followin day Johnson fell and broke his leg while wor ing as a carpenter for the Ross Construction Company, and the following week Mrs. Johnson--nee Mrs. Mary Johns--applied for assistance. Inasmuch as she was known to the Division, the case record was changed to the name of Johnson. In July 1934, Johnson was called to the Physical Examination Clinic and was examined.

Were we to take the opening paragraph of the visitor's report without first determining just what individual we were referring to, we would have coded this field incorrectly, as Johns was not examined. Johnson was the examinee and, therefore, was the only person in which we were interested. By examining the case records we find the date when Johnson first entered the case; month and year will be coded in Fields 5-6 and we find that Johnson became a relief recipient because of disabili

EXAMPLE #2
Frank and Gertie Benson, applied for relief in 1930 because of disabil ity. In 1934 their son Ray, 45 years old, came to live with them. He had been married and had been living at 207 Jay Street for the past fifteen years. His wife had died in May 1934, and in June 1934 he had lost his job. He arranged to move in with his parents pending reemplo ment. This he did not find and subsequently applied for relief. Becau of the fact that he was living with his folks he was included in their budget. In September he was called to the Physical Examination Clinic for an examination. Should we have referred only to the opening para-

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graph we would have coded this field incorrectly. The visitor's report covered the condition of his father, whereas we are interested in the son, as he is the examinee.

We could write pages of like examples; however, the foregoing should suffice in making our point clear. WE ARE DEALING ONLY WITH EXAMINEES AND NOT CASES. The only use for the social history case record is a source of information regarding the characteristics of the individual examined.

EXAMPLE #3
Jack and Mabel Maloney, and son Patrick--case opened in 1930 because o unemployment. Pat was 16 years of age in 1930; he was attending South High. In July 1935 he was called to the Physical Examination Clinic fo an examination. In this case the examinee was a member of the family when the case first opened; no disability existed which prevented him from pursuing gainful employment. Therefore, he became a relief recip ient because of socio-economic reasons affecting the head at the time of first opening.

Further instructions will be discussed in a series of lectures regard ing the many ramifications of this field.

5. MONTH EXAMINEE FIRST BECAME A RELIEF RECIPIENT: This field is to indi cate the month the examinee first received relief.

6. YEAR EXAMINEE FIRST BECAME A RELIEF RECIPIENT: This field is to indi cate the year the examinee first received relief. These fields are to be considered on the same basis as set forth under Field 4. They appl only to the examinee.

7. NATIVITY AND WHERE EXAMINEE HAS LIVED LONGEST SINCE BIRTH: Under thi field you will code the nativity of the examinee, and where he has lived longest since birth. It will be noted that this field provides for the coding of two distinct questions, each of which must be determined separately.

First you will determine the birth place of the individual--whether native or foreign born. This information is obtainable from the affidavit.

After you have determined nativity, you will determine where the clie has lived longest. This part of this field is provided to show the type of urban or rural district in which the client has lived longest since birth.

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This information is obtainable from the face sheet on the affidavit which is a part of the case record. Compute the time in years (since birth) and list according to the longest period of time the examinee has spent in cities or rural sections, as the case may be. Should the information be lacking on the affidavit or face sheet, consult the visitor's report covering the date of first opening; usually some reference is made of previous residence in that part of the case record. Check all sources before coding this field.

NOTE: For the purpose of this study URBAN DISTRICTS will be defined as follows. All cities of the 1st, 2nd, 3rd or 4th class, as listed by the U.S. Census Bureau.

RURAL DISTRICTS, will include all towns, villages and hamlets having a population of less than 2,500 persons. Unlisted places shall be considered as rural.

Your supervisor will be furnished with a World's Almanac, State and Neighboring State Maps on which the population of all cities and towns are listed. Check these before coding this field.

8. AGE OF CLIENT: Under this field you will write in the age of the examinee as of the date of the physical examination. Check the affidavit to determine if the year of birth listed thereon coincides with the examinee's age at that time.

9. MARITAL STATUS OF CLIENT EXAMINED: Under this field you will indicate the marital status of the examinee by coding the appropriate code numeral, indicating the status as it existed at the time of the examination. This field is broken down into seven classifications explained as follows:

Single: One who has never been married or one whose marriage has been annulled.

Separated: A married person living apart from his or her family due to marital difficulties.

Divorced: Legally separated by divorce decree.

Widowed: Separated by death of mate.

Deserted: Voluntary separation of one of the married persons or refusal to renew a suspended cohabilitation.

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Abandoned (by mate): Desertion and abandonment are not synonymous. There is an abandonment when the desertion is accompanied by an "intention" to entirely forsake a child.

A person cannot be charged with abandonment unless there is a child, except in cases where the man deserts a pregnant wife. The deserted person's whereabouts must be unknown for a period of 90 days before any action for abandonment can be taken. In other words, desertion is abandonment after a period of ninety days, providing the person's whereabouts is unknown to the forsaken mate or children.

Do not confuse these categories.

NOTE: Persons confined in pernal institutions, hospitals, and those who work outside the city are not to be considered as separated. The marital status of such persons or their mates is not affected by confinement or absence.

Married: Those living together as man and wife who have been legally united, or those recognized by common-law marriages.

10. RELATIONSHIP OF EXAMINEE TO HEAD OF FAMILY: Under this field you will code the appropriate numeral indicating the relationship of the examinee to the Head of the family.

NOTE: The man is always considered the Head of the family in as long as he is in the home. If the man is dead or out of the home, the woman becomes the head. In rare cases, where both parents are out of the home, use the eldest child as the Head of the family, unless there is some other mature relative acting in this capacity and included in the relief budget.

11. COMPOSITION OF FAMILY OF WHICH EXAMINEE IS A MEMBER: This field is to be coded using the family composition as it existed as of the date the examinee was examined. Check the affidavit closely as well as the visitor's reports and code accordingly. This field needs some explanation, viz:

Should a family group consist of man, woman and children, the composition would be man, woman and children, provided the children were his, his stepchildren, or adopted children.

Should a family consist of man, woman and children, and a relative of any kind, then the composition would be "OTHER RELATIONSHIPS."

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Should a man and wife constitute a family group, the composition would be "MAN AND WOMAN".

Should a brother and sister constitute a family group, the composition would be "Other Relationships"--NOT MAN AND WOMAN.

Where relatives live with family groups, the composition would change to "Other Relationships."

Where other persons not related live with family groups, the composition would change to "Others Not Related."

In other words, family composition defines the peculiar makeup of the group. The group is to be considered as a unit with someone as the head thereof. It is the head's family that you consider when determining composition--Example:

Should a father and son reside together, that would be Man and Children provided that the father was the head of the family.

Should the son be the head and his father resided with him, the composition would be "Other Relationship."

Under Field 2, SIZE OF FAMILY OF WHICH EXAMINEE IS A MEMBER, you have listed the number of people included in the relief budget. You will consider only those persons and their relationship to the head in determining family composition.

12. OCCUPATIONAL CLASSIFICATION OF THE EXAMINEE: Under this field you will code the occupation of the examinee. This field is broken down into thirteen classifications which are self-explanatory. This is the classification grouping used by the United States Census Bureau and gives a good definition of each group. Your supervisor will be supplied with a volume containing some 15,000 different occupations showing the group in which they fall.

When considering occupation, consider only the examinee's USUAL OCCUPATION.

NOTE: A person's usual occupation is the one in which he has worked LONGEST DURING THE PAST TEN YEARS. Work Relief and WPA Employment are to be DISREGARDED in determining usual occupation. To be reported as having usual occupation, a person must have worked at some job at least one day each week for four consecutive weeks during the past ten years. All family heads having NO DISABILITY should have an OCCUPATION. The exceptions are:

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A young person who is the head of a family and who has never worked.

An older person who is the head of a family and who has never worked. Many persons in the "unattached groups" fall under this category.

A woman who is the head of a family and who has never worked "outside" the home. All such persons are to be listed as - INEXPERIENCED PERSONS, except those who have children of school age, which are to be coded as unemployable.

All disabled heads of families whose disability is only temporary - or partial permanent, and who are able to resume work within a short time even though they are unemployable at the moment, their usual occupation should be given.

Wherever usual occupation is listed, list the industry in which this experience was gained. Viz:

Occupation	Industry - Specify Which
Farm Laborer	Grain - Dairy - General - Etc.
Section Laborer	R.R. Specify Steam or Street
Bookkeeper	Specify Industry
Stenographer	Specify Industry
Carpenter	Building & Construction - Ship - Bridge - Etc.

13. IF CLASSIFICATION IS OTHER THAN "A" OR "B" INDICATE NUMBER OF MONTHS CLIENT WORKED IN THE TWELVE MONTHS IMMEDIATELY SUBSEQUENT TO DATE OF EXAMINATION: Under this field you will indicate the number of months the examinee was engaged in gainful employment in the twelve months subsequent to date of examination. We are endeavoring to determine to what extent such examinees assisted themselves. In computing such periods, use the following basis:

1 month - one 30 day period, 16 days or more - one 30 day period, 15 days or less - none - except in such cases where the total number of days spent in gainful occupation is less than 16. In such cases you will consider this time as a 30-day period in order that coding of this field is made possible.

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14. WHEREABOUTS OF CLIENT AS OF JANUARY 1, 1938 IF CLASSIFICATION WAS OTHER THAN "A" OR "B" ON DATE OF EXAMINATION; This information is to be taken from the case record (visitor's report) as of January 1, 1938. This field is broken down into twelve categories, which are self-explanatory.

Remember, we are considering individuals--check the records closely in order that the information coded, covers the individual examined.

NOTE: In many cases you will find that the examinee is now deceased. Therefore, when considering his whereabouts as of January 1, 1938, you will record such by coding the appropriate code numeral indicating this fact.

Those who are confined to penal institutions, houses of correction, work house, or county jail, will be considered as being confined to a penal institution and will be so coded.

Those who are confined to such institutions as Rochester, St. Peter, Fergus Falls, Hastings, and Anoka, are to be considered as being in hospitals for the insane.

Those who are confined to Glen Lake or Walker, are to be considered as being confined to a T.B. Sanitarium.

Those who are in rest homes or convalescing camps are to be coded under this category. Do not confuse camps for the unemployed--"unattached men" as rest camps.

Veterans' Hospital: Veteran care covers all types of disabled. Make no distinction between types regardless of what Veteran Hospital client is confined. List all as Veteran Hospitalization.

Should the examinee have reached the age of 65 years, and should he have been retired on Old Age Assistance as of January 1, 1938, code accordingly.

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-PART TWO-

PHYSICAL HISTORY

NOTE: The Schedule Sheet has been prepared, in so far as possible, to conform with the original Examination Form. However, the identification of fields must be made by Field Captions and not by Field Number, as field numbers do not appear on the Examination Forms.

IMPORTANT: It will be noted that the original Examination Form SD-1 does not, in many respects, coincide with the schedule. The Schedule Fields have been extended in order to simplify the work of the Scheduler.

On the Examination Form only a few definite categories were furnished, however, the category "Others" was a part of many of the fields. Under this category the Examining Physician wrote in all additions, whereas the schedule provides for all the important, or rather the most important of these "write in notations" under a definite category. Viz:

Under Field, Present Diseases - Examination Form SD-1

Epilepsy
Fainting Spells
Others

were the only printed categories provided. Should the client have had some other disease, this was written in. Whereas, the Schedule provides the following:

Syphilis
Gonorrhea
Tuberculosis

Rheumatism
Diabetes
Female Trouble

Pleurisy
Fainting Spells
Bronchitis

*Others

Under Major Accidents, on the Examination Form, no definite categories were provided. Whatever accident the client has had was written in in the space provided, whereas the Schedu provides the following:

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Broken Arm
Broken Wrist
Broken Leg

*Note Explanation--of this category under OTHERS.

Broken Ankle
Back Injury
Burns or Scalds

Lacerations
Frozen Extremities

Others

*OTHERS: On the Examination Form "Others" signify other than what was printed thereon under each field. When scheduling a case you will look for the "write in" categories. Check the schedule to determine if such a category is provided thereon, and code accordingly.

You will, no doubt, find "write in" categories for which there is no typed category provided on the Schedule Form. In such cases these are to fall under the category "Others" provided in the last group of each field.

In other words, the term OTHERS on the Examination Form signifies others than those specified on the form, and OTHERS on the Schedule signify others not specified on the schedule.

DO NOT LIST any "WRITE IN" category under "Others" on the Schedule, if the field provides such a category.

LIST ONLY SUCH "Write Ins" under "Others" for which a specific category is not provided on the schedule.

15. EXAMINING PHYSICIAN'S EMPLOYABILITY CLASSIFICATION OF EXAMINEE: Pursuant to the examination the Examining Physician classified the Examinee in accordance with his or her physical and mental ability to pursue gainful occupation. These classifications are denoted by alphabetic symbols--a, b, c, d. Extreme care must be exercised in the transcription of this information. Should the cards be defaced, or the entry be illegible, such cards Must be referred to the supervisor in charge, who will consult the Examining Physician or his assistants for the proper classification. Under no condition are you to classify such cases without approval of such authority.

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16. HEIGHT IN INCHES - The client's height has been listed in feet and inches. You will reduce the feet to inches and list height in inches, only. Viz: - Let us assume that the height was listed as 5' 9". Reducing to inches the height would be 69 inches. Should fractional inches appear on the examination form, consider the fraction as follows

Over 1/2 inch - raise to next higher inch.
1/2 inch or less - disregard.

Viz: 5' 9-1/2" - 69-1/2" (drop 1/2") = 69 inches.
5' 9-3/4" - 69-3/4" (raise to next higher inch) = 70 inches.

17. WEIGHT - The client's weight has been listed in pounds. The normal weight for height and age by sex is listed in the table. Under field #14 of the Schedule Key, refer to this table when compiling.

Under Field #3 you have coded the sex, citizenship and race of the examinee, under Field #8 the age, and under Field #16 the height. By referring to the Standard Weight Chart under Field #17 you will determine the amount of "over" or "under" weight on the following basis:

Let us assume that the Examinee is a male, age 39, weight 140#, height 5' 10". A male person 5' 10" of that age should weigh 167#.

167# - Standard (Average)
140# - Actual
27# - Difference (Under Standard)

By dividing the standard weight into the difference, viz: -

$$\frac{16.1}{167/27} \text{ - or } 16\%$$

16% equals the per cent of underweight.

Let us consider, for example, another examinee of the same age and height whose weight is 215#.

215# - Actual
167# - Standard (Average)
48# - Difference (Above Standard)

By dividing the number of pounds above standard by the standard average weight we would arrive at the per cent, viz:-

$$\frac{28.7}{167/48} \text{ - or } 29\%$$

29% equals the per cent of over-weight.

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17. WEIGHT (Continued)

ALWAYS REFER TO THE KEY SHEET WHEN COMPUTING WEIGHT.

NOTE: 5# over or under Standard (Average) is considered normal.

18. PHYSIQUE: Under this field you will transcribe from the health examination form the condition of the examinee's physique. This field is broken down into seven classifications. On some of the reports the condition is written out, on others it is abbreviated or initialed to indicate the condition at the time of the examination. Care must be exercised in transcribing this information. Should abbreviations or initials appear which are not specific, consult the Supervisor who will assist you in decoding same. Under no condition are you to code "not ascertained" or "others" as a short cut.

NOTE: At this point we wish to call your attention to abbreviations and alphabetic symbols frequently used, as well as to medical terms which may or may not be entirely familiar to some of the clerks. Medical nomenclature guides, or dictionaries will be furnished to each District Supervisor. These are to be used extensively. Under no condition are you to guess or draw conclusions as to the meaning of words used. Should occasion arise when it is impossible to define any word or words, such cases Must be referred to your Supervisor, who will consult the project Superintendent regarding such cases. We are dealing with authentic records. The ExaminingPhysician has signed the health report, therefore, errors in transcription or interpretation of these data by you, or any errors that you make, may work a great hardship on some examining physician's reputation and strongly reflect not only against you as a person, but against every one on the project. Therefore, we again WARN you against MISINTERPRETATIONS AND CARELESSNESS. In many of the groups N.A. (not ascertained), and the word "others" is provided. These fields should seldom be used, in fact they are DEFINITELY NOT TO BE USED as a method of short cut. Those assigned to checking of schedules and to certifying checked schedules will keep an accuracy check sheet on each worker, which will be submitted daily to the Superintendent. Those who are not fitted, or those who cannot accurately do the work assigned, will be transferred to other assignments. Under many of the fields questions have been grouped making possible the coding of combinations under one field. The field immediately following this paragraph may conveniently be used as an explanation.

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19. VACCINATION: Under this field you will code the type or types of vaccination the examinee has had, i.e.,

Small-pox
Diphtheria
Typhoid

Should the examinee have had but one of the three, you will code the appropriate numeral indicating which one. Should he have had more than one, then the proper combination must be found, viz:

Small-pox	1
Diphtheria	2
Typhoid	3

Should the examinee have been vaccinated for more than one, it will be necessary for you to combine the two or more into a unit and code according to the combination representing such unit, viz:-

Small-pox - single code 1, diphtheria - single code 2, The combination (small-pox and diphtheria) would, therefore, be 1 + 2, which would be coded #4.

Small-pox, single code 1; diphtheria, single code 2; typhoid, single code 3. The combination, therefore, would be 1 + 2 + 3, which would be coded #7.

The category "None" has been provided in this field and is identified by the symbol "X" as the code number. Should the examinee have not been vaccinated for one of the defined categories provided under this field, you will indicate the fact by coding "X". This method is used in all fields where the absence of a positive answer would necessitate blanking the field.

20. - 26. PAST DISEASES: Under this heading past diseases have been grouped into groups of three diseases each, plus their combination. Each group is identified as group A-1, A-2, A-3, etc. Each of these groups are to be considered as separate field.

Example - Let us assume that the examinee has had scarlet fever, typhoid, small-pox, measles, pneumonia, syphilis.

Under Group A-1 we would code the combination for scarlet fever and typhoid, which would be 1 + 2, or code #4.

Under Group A-2 we would code typhoid fever, which would be code #3

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26. Under Group A-3 we would code the combination for measles, small-pox, and pneumonia, which would be 1 + 2 + 3, or code #7.

Under group A-4 we find that the examinee has not had any of the diseases listed in this group, therefore, we would code the letter "X" indicating - none of this group.

Under Group A-5 we find that the examinee has had syphilis, therefore we would code according, which would be code #1.

Under Group A-6 we find that the examinee has not had any of the diseases listed, therefore, we would code "X".

NOTE: This example, together with the explanation under "Vaccination," should suffice as detailed instructions covering all fields and their groups where combinations are to be used. USE CARE in scheduling of ALL fields.

27. - 30. PRESENT DISEASES: Under this field you will code the past diseases as listed on the Physical Examination Report. This field has been broken down into groups and will be coded in precisely the same manner as explained in the preceding explanation.

31. - 34. DIAGNOSIS OF PRESENT COMPLAINTS: You will refer to the Examining Form and from same determine the diagnosis of the examinee's present complaints from the Examining Physician's findings, i.e. you will determine if the diagnosis is referable to:

Eye
Ear
Nose
Throat, etc. as listed under this field, and as listed under each group of their combination under each group.

These assigned to this type of work will be those who are familiar with medicine, nursing and anatomy. Medical dictionaries will be furnished to such workers, which should assist in the proper coding of this and other fields. However, should occasion arise where proper and accurate coding is not possible, due to any cause whatsoever, such cases must be referred to your Supervisor, who will submit the cases to the Project Superintendent. Dr. Robert Carron, M.D., who was in charge of the Physical Examining Clinic, has volunteered his services in any consultation regarding such reports.

35. - 37 MAJOR ACCIDENTS: Under this field you will code the Major Accidents the examinee has met with. This field is also broken down into groups and combinations thereof which are self-explanatory.

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38. - 41 MAJOR OPERATIONS: Under this field you will code the Major Operations the examinee has had. This field is also broken down into groups and combinations thereof.

42. - 43 EYES: The condition of the eye is broken down into two groups, "right" under field #39 and "left" under field #40. You will take from the Examination Form the condition as it existed at that time and code accordingly. Use extreme care - list right eye condition under RIGHT EYE and left eye condition under LEFT EYE.

NOTE: On the Examination Form, under "Eyes", the word "Pathology" has been used instead of "others". Specific "written ins" under this category are to be treated as "others". Pathology categories appear under several other fields and will be considered in precisely the same manner as explained under "Others".

44. EARS: Under this field you will code the condition of the ears. This field provides for the coding of both right and left ear.

45. TEETH: Under this field the condition of the examinee's teeth is to be coded. In coding this field you will find the combination showing the existing condition of the teeth, using the examinee's natural teeth in combination with plates, extractions, etc.

46. TONSILS: Under this field the condition of the tonsils is to be listed. This field is also self-explanatory and needs no further detailed explanation.

47 - 48 HEART SYMPTOMS: Under this heading Heart Symptoms have been grouped into groups of three categorical symptoms to each group. Coding of these fields will be done in the same manner as previously explained under "group codings".

49. PULSE RATE BEFORE EXERCISE: Under this field you will code the Pulse Rate of the examinee as specified on the Examination Report. Before Exercise - this field is broken down into two parts showing the pulse rate, regular and irregular. Refer to the Examining Physician's report and code accordingly.

50. PULSE RATE AFTER EXERCISE: This field is exactly the same as the above. However, the condition is to be taken as it existed after exercise.

51.- 52 - 53 - 54 HEART DIAGNOSIS: Under this field (on the Examination Form) the Examining Physician has written in the findings of his diagnosis. This field on the Schedule Form, has been extended to cover the most important of the findings. You will check the "write ins" against the group provided and code accordingly. This is a group field and will be coded as explained under "groups".

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55. LUNG SYMPTOMS:- Under this field the Examining Physician has written in the lung symptoms. None of the categories listed under this field on the schedule form appear on the Examination Form. Specific symptoms have been written in. Check for these "write ins".

56 LUNG DIAGNOSIS:- Lung diagnosis differs greatly from lung symptoms. X-Ray examinations and consultations may have been held regarding the existing symptoms. Such findings will be listed under "Lung Diagnosis" The Examination Form provided only a space for the listing of diagnosis, which was written in by the Examining Physician.

The Schedule Form provides a list of specific diseases. You will check the "Write ins" and code this field in exactly the same manner as previously explained under similar fields.

57. BLOOD PRESSURE, SYSTOLIC

58 BLOOD PRESSURE, DIASTOLIC: NOTE: Under "Heart" on the Physical Examination Form the letters B.P. indicate blood pressure.

Under "Blood Pressure Systolic" you will write in the high figure written in on the Examination Form. Systolic readings will always be the higher numbers appearing in this space marked B.P.

Diastolic readings will, in all cases, be the lower numbers appearing in this space marked B.P.

59. SPINE: Under this field the original Examination Blank provided four definite categories, whereas the Schedule Sheet provides a more complete breakdown. You will check the "write ins" and code according to your findings.

60. HERNIA: Under this field the original examination form provides some of the categories as listed on the Schedule Sheet. However, the list is not as complete as that on the Schedule. You will check the "write ins" and code accordingly.

61. RINGS AND TRUSSES: This field on the original Examination Form, is listed under "Hernia". You will find "rings relaxed - yes and no" listed under one question, truss under another, and others. It will be necessary for you to combine these in order to code this field.

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62. EXTREMITIES: This field, on the original Examination Form, provides space for explanations. In this space the Examining Physician has written in any deformity, amputations, etc., affecting either the legs, arms, or limbs. You will check these "write ins" against the specific categories provided under this field on the schedule and code according to the findings.

Varicose veins categories are listed on both the Examination and Schedule Sheets.

63. JOINTS: Under this field, on the original application form only a space was provided for the Examining Physician to write in his findings. You will check these "write ins" and code accordingly.

64. GENITO-URINARY: This field, on both the Schedule and Examination Form is similar. However, the Schedule field has been extended to cover some of the more frequent diagnosis, which will be written in under "Others". Check these carefully before coding.

65. LABORATORY: This field appears on the Examination Form near the bottom of page. However, the only specific categories listed are albumin and sugar.

66. This field, on the Schedule, provides specific groups. Those not listed under the provided categories will be found written in under "others

67. Check these "write ins" and code according to your findings. This is a group field--three groups are furnished. Detailed instructions were outlined under "Past Diseases"--Field #17, which will also apply to this field.

68. RECTAL: This field on the Examination Form differs only slightly from the Schedule Field. However, several additional categories have been added. These you will find written in under "others". Check the "write ins" carefully. Should any of the "write ins" under Pathology coincide with the specific fields provided, code these; Should Pathology remarks apply to any other than the specific categories, list these under "others" on the Schedule Sheet. Be extremely careful when coding FISSURES AND FISTULA. The similarity of these words, when written in longhand, might be confusing.

69. NERVOUS AND MENTAL: This field is listed under the caption of "Mental and Neurological" on the Examination Form. No specific categories were provided. A space, however, was provided in which the Examining Physician listed the mental and nervous condition of the examinee by writing in the condition and by specifying the ailment or ailments. From these "write ins" you will determine the proper coding of the categories provided under this field.

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70. - 71. CHEST X-RAY: First Infection Type, also non-T.B. This field is provided for the coding of the Chest X-Ray examinations. This field does not appear on the Examination Form. However, under the "Remarks" column some notation will be found such as "Case referred to General Hospital (or Lymanhurst) for X-Ray of chest". When such cases were referred to either of the above agencies for examination, a request was made for a report covering the findings. These were reported on the General Hospital Social Service Report, which was attached to the Examination Form and is a part thereof. Therefore, in order to code this field it will be necessary to review this report from which the desired information is obtainable.

This field on the Schedule Form has been broken down into two distinct groups - Infection Type, Group J-1 and Re-infection Type, Group J-2. Check the General Hospital or Lymanhurst reports carefully and code according to the findings.

NOTE: General Hospital assisted the Examining Clinic in many Consultations, X-Rays, Laboratory Tests, and other diagnoses. In many instances the entire information covering the examinee's physical condition will be found on the General Hospital report, in other cases their reports embrace only some specific diagnosis such as Heart, Lungs, Eyes, etc. Therefore, it is extremely important that each report be reviewed, that the findings be checked against the entries on the Examination Form, and the findings coded under the proper field on the Schedule Form. Under no condition are you to GUESS, when in doubt consult your Supervisor.

The reverse side of the application form was used, in many instances, for remarks or for summary of outstanding findings. You should always refer to this side of the form and review any notations listed thereon, all of which are pertinent facts regarding the examinee, and all of which MUST be considered. Check all notations carefully.

72. DISPOSITION OF CASE: This field on the Examination Form is captioned "Advised Medical Care - Yes - No - What For". Under this heading the Examining Physician specified the disposition of the case such as:-

Examinee referred to Private Physician
Examinee referred to General Hospital etc.

These notations were written in the space provided, or on the reverse side of the Examination Report. Therefore, it will be necessary for you to review all "write ins" before completing this field.

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73. This field will be coded by the Central organization, or by one person assigned to such work in the district office.

ADDRESS: In this space you will write in the address of the examinee as it existed on the date examined. Under no condition are you to use any other address.

IMPORTANT All facts must be scheduled under the proper fields and under the specific category as provided. Use extreme care in all coding.

Your assignment to this project has been made only after careful consideration and investigation. The successful operation and the accurate analysis of the records depends entirely upon how well each individual is equipped with the knowledge and fundamental principles of the subjects involved. Definite plans and procedures have been established and set forth herein. Much of the desired information will be difficult to obtain; however, strict adherence to the fore-going instructions, and the application of common sense judgment, also the ability to accept strict supervision and constructive criticism, will greatly assist you in carrying out your part of the work SUCCESSFULLY. Therefore, the cooperation of every one assigned to this project is essential.

ALL INFORMATION IN THE CASE RECORDS IS STRICTLY CONFIDENTIAL - Protect yourself and your fellow-worker by treating this information as you would wish to have your own Personal History treated. VIOLATION of this rule means immediate dismissal.